

THE MEDICAL EXAMINER,

AND

RECORD OF MEDICAL SCIENCE.

NEW SERIES.—No. XXXV.—NOVEMBER, 1847.

ORIGINAL COMMUNICATIONS.

Sketch of Burmah and Medical Science among the Burmese.
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Burmah presents to the eye of the traveller, the philanthropist, and man of science, diverse characteristics, which are as interesting as they are curious, and seem generally unknown to most of the enlightened nations of the earth. As an independent Asiatic sovereignty, with borders and boundaries tolerably well defined, it is a pretty considerable dominion, and is bounded on the north by China, on the south by Siam, on the east by the independent Shan states, and on the west by the territory and bay of Bengal.

It is esteemed as being well supplied with a proper proportion of hills, mountains and vallies, small lakes, extensive rivers and springs, with plenty of excellent timber, and inexhaustible stores of geological and mineralogical productions. Vegetation is luxuriant, and both crops and fruits, when cultivated, are abundant. In a word, the country is rich in the possession of all the natural resources necessary for the support of an overflowing population. But from the peculiarity of the government, the nature of the climate and other causes, it contains nothing like the amount of people which it could decently maintain. The entire population, including Talines, Karens and Burmans, numbers about fifteen millions.

Its greatest geographical extent runs north and south, and is over 800 miles. Within this range of latitude, stretching some

degrees beyond the tropic of Cancer, you have the extremes of wet and dry weather. To the north it is dry, the land in the neighbourhood of "Ummeerapoor" — the capital of the empire — being irrigated principally by periodical inundations of the Irrawaddy river. To the south it is wet, as much as 240 inches of rain falling during the year, 200 inches being the average quantity.

The government is a despotic monarchy, the King having complete control over the life, the liberty and property of any of his subjects. In his hands are the reins of absolute power, and he confides them to whom and how long he pleases. The name of the present sovereign of the kingdom is "Tharrawaddie."* He usurped the throne in 1837, and won the sceptre by deeds of blood. His several official titles are, His Golden-footed Majesty — King of the Rising Sun — Lord of the White Elephant, reigning over Thoo-na-pa-ran-ta, Tam-pa-dee-pa and many other great countries.

As a nation, the Burmese are usually classed among the half civilized races of the world. The people individually are humane, hospitable and destitute of bigotry, but as a nation they are proud, arrogant and self-sufficient. They have regular laws, both religious and civil. They have a literature and an established national faith. In their numerous books, called the *Beedaghat*, and *Demathat*, are contained the prescripts of their sacred and judicial institutions.

Gaudama is their divine lawgiver. He was their last incarnate deity, or Bhodd. He died, it is said, of a diarrhœa, produced by eating pork. In some of their religious temples, he is represented as lying on a sick couch, with a doctor standing near him, having a pill between his fingers, and just ready to be administered as he fainted and expired. It is disrespectful to his memory, as well as positively sinful, to say that he is *dead*. Having entered "*Nike ban*," or the state of annihilation, he is regarded as no longer existing, either corporeally or spiritually. Believing in the transmigration of souls, of the passage of a spirit from one form or body into that of another, of the spirit of a man entering into that of an ox, a dog, or a cat, of a fish becoming a fowl, and a fowl a reptile, ultimate annihilation is the consummation of all their hopes and expectations in reference to eternity. During these almost endless peregrinations through the universe, in worlds unnumbered and unknown, the doctrine of personal merit is conspicuously held up to view. Do good and you will get good, is the old adage with them. Do evil and evil will recoil back upon your own head. By doing well they may be advanced to the dignity of angels and of gods. By doing ill they will be degraded to the level of fiends and fierce serpents.

* Intelligence has just reached of the death of this King.

Thus, the religion of the empire is Bhoddism. Unlike the Brahminism of the Hindoos, which is a cruel system of personal torture and bloody sacrifice, it is a humane system, based on certain laws, doctrines and precepts. It supports a priesthood and directs the building of magnificent temples and costly pagodas. It forbids the spilling of blood, even to the killing of a fowl, though monarchs have revelled in the slaughter of their unhappy victims. Contrasted with other forms of paganism and heathenish creeds, it might be considered as the mildest in principle, and the most humane operating system that could have originated in the mind of a mere man, unaided and unguided by any light drawn from the Christian religion. Some of their sacred laws are precisely analogous to those of the decalogue, recorded by Moses in the book of Exodus. Four of them are exactly similar in import, which prohibit killing, stealing, lying and adultery.

The institutes of Menu constitute their domestic and civil codes. Their criminal laws are very arbitrary. Decapitation is the common mode of executing malefactors; but on extraordinary occasions, emboweling, crucifixion with the head downwards, a horizontal division in a wedged position, by a saw into halves, tearing to pieces in quarters by elephants, have been cruelly and disgustingly practised.

Their books are not prepared of paper, but are formed of bundles of palm leaves, secured together upon a string. The writing is traced upon them by an iron point, stiletto, or pen.

The Burmese language appears to be derived from the "*Pali*," which is one of the ancient sacred languages of the East. Being composed chiefly of guttural, palatal and nasal sounds, the spoken language is not mellifluent, but full, difficult, and harsh to the ear of a European.

In stature, the people are short, muscular, and firmly built. In movements, the females are graceful. The men sometimes at particular feats are very energetic and sprightly, but ordinarily they are slow and inactive. Boat racing is a favourite exercise with them, and forms one of their great annual festivals. Few of them can be called stout or fat. The colour of their complexion varies from a light golden yellow to that of a blackish-brown. The very darkest of them is much lighter coloured than a genuine African.

From the following particulars may be obtained a good idea of their physical proportions. It is an average of twenty-five men, who were examined for admission into the ranks of the Local Corps, serving in the Tennasserim provinces, under the jurisdiction of the English government.

Mean age of these individuals was twenty-four years.

" height, - - - five feet, three inches.

" weight, - - - eight stone two pounds.

Size round the chest, - - - thirty-two inches.

Rice is emphatically the staff of life in India. Some condiment in the character of a curry is generally used with it. Many of the natives prefer a piece of roasted salt fish, with a sour vegetable, or fruit, to eat with the rice. They drink no coffee or milk, and very few Burmese take tea. Tea, however, is very frequently cooked up as a vegetable with garlic, onions, &c, and is prized as a delicacy. It is the customary offering when an application is made by a young man for the hand of a young lady in marriage.

The existing records of their ancient literature comprise many works on astronomy, astrology, metaphysics, history, chronology and medicine, beside some tables of the minor mathematics.

Medicine, as a science, is neither taught in schools, nor studied under private teachers. The profession has no medical colleges whatever in the country, and public hospitals are among the things which are yet to be founded. The people have none of the means or appliances possessed by enlightened nations for the acquisition and cultivation of this branch of useful learning.

The healing art is comprehended just about as well by the Burmese practitioners as it was by the bold, ignorant empirics of Greece, who practised before the time of Hippocrates. The most celebrated medical writer among them was *Zeewaka*. He was a disciple of *Dee-tha-pa-mouk-ka*, and flourished about 550 years anterior to the Christian era. To him are attributed many valuable treatises on medicine. His works, however, are nearly all lost, but his reputation is still cherished for his great learning and wisdom. For a knowledge of anatomy and mineral medicines he was eminently distinguished. Without striving to emulate his wisdom, his followers are content to revere him for his sagacity, admire him for his knowledge, and applaud him for his success. Since his days there have been many inferior writers, but none of any note within the period of modern times.

In questions of doubt or difficulty which may arise, it is a fundamental rule of the profession to refer everything to the authority of an ancient author. His opinion was so and so, and this is deemed enough. Possessing such a veneration for the ancients, and the fraternity apparently resting satisfied with what has hitherto been accomplished, has given rise to certain corruptions of these early writings. The practice of lauding to an extravagant degree these professional heirlooms, descending from previous ages, and, like the laws of the Medes

and Persians, considering them unalterable, none having the moral courage of publicly advancing and vindicating any new theory that might occur to them, furnished some wily ingenious authors with opportunities of engrafting or adding their own supposed discoveries upon the original works of the old practitioners, whose writings, to the regret of all, have thus become garbled and filled with spurious passages.

Subjoined is an extract from a work which professes to be a treatise on anatomy, and claiming for itself a divine origin.

"The fœtus consists of thirty-two parts: its height becomes six feet; the hairs of the head are 25,000,000 in number; those of the body 99,099,000; the nails are 20; the teeth 32; the cuticle which covers the skin of the body (when rolled up) is the size of a cherry; the muscles are 900; the arteries 900; the veins 17,000; the bones 300; the joints 300; the bones are filled with marrow and sperm. The bones are distributed as follows: 9 in the upper skull, 1 in the forehead, 1 in the nose, 2 in the eyes, 2 in the ears, 2 in the jaws; the teeth are 32; 1 bone in the chin, 7 in the neck, 2 collar-bones, 2 shoulder-bones, 4 in the lower arms, 64 in the hands, 14 in the breast, 24 ribs, 1 in the middle of the lower breast, 18 in the back, 2 hip bones, 2 posterior bones, 4 thigh bones, (so in original,) 4 bones in the legs, 4 knee-bones, 4 bones in the heels, 64 in the feet, 64 soft smaller feet bones. There are also 100 more attached to the inner bones."

According to this arrangement of the osseous system, instead of 300, there are 434 distinct bones in the human body. If you were to point out the discrepancy between the two statements, it would only excite a smile. The mistake would remain unaltered and be perpetuated, because the physician could not say whether the one or the other was right, or whether both numbers might not be wrong.

Thus in anatomy all is ignorance and mystery. The mists and mazes of antiquity, with all its glorious uncertainties and boastful pretensions and authority, remain to be swept away. After this first step has been taken, then a lasting foundation might be laid from imported European and American medical science.

Chemistry is still a sealed casket of jewels, which possibly it will be the happiness of coming generations among them to see opened. Its beauties, even under the most common elementary forms, have yet to be unfolded and exhibited. An occasional pretender, however, has stepped on the platform of public notice, and declared with much vehemence that he has both seen and done wonders in the sublime and much vaunted science of alchemy. But like the philosophers of old, who have endeavoured to effect the transmutation of metals, and to discover a universal elixir for curing the whole round of human maladies, and for conferring longevity upon man, their names, their experi-

ments and all, have justly been allowed to sink into the shades of a long-forgotten world of nonsense.

Of surgery they positively know nothing. Even the simple operation of phlebotomy they cannot, they dare not perform. When men have come begging to be bled, I have just inquired, why don't you go to your own doctors? The reply was: "*O! thu nama lay boo, theken.*" That is, *they know nothing about it, sir.*

Among the domestic customs of the Burmese is that of boring, at an early age, a hole through the lobe of each ear of both sexes. These holes are gradually enlarged by the introduction of successive pieces of thin twigs, till at length they become sufficiently large to admit a finger. In them, on particular occasions, gold ornaments are worn, or a bit of amber, glass, or polished marble. But the workmen or Coolies often insert their segars in them for convenience. Occasionally the lobe gets divided, or broken by some accident, when the man becomes filled with shame at his misfortune, or, if it be a woman, it is even worse. They will conceal it, as though it were the greatest deformity they could suffer. They will do anything in the way of trouble to have it united, but their own medical men are unequal to the task of helping them. In such cases, when they can, they apply to a foreign physician to join it by suture. Without flinching, they will sit to have it done; but if it were to perform any other operation, however trifling, except in a very few instances, the very sight of a lancet, scalpel, or pair of surgeon's scissors, would strike terror into them.

In old chronic swellings and tumours, they may, and sometimes do, in extreme cases, where there is much personal fortitude and courage, slightly scarify the part affected with a rude-pointed, rough-edged knife, or resort to actual cautery with a heated iron. At times, too, a few leeches, or a blister is applied. But they never, as a general thing, make more than one application of this nature.

Midwifery is practised by old women, the men having nothing to do with it, unless to give a dose of medicine when needed. The manual part certainly could not be monopolized by more dangerous hands. As a specimen of their treatment it may be mentioned, that when any sort of obstruction arises, the most cruel methods are pursued for overcoming it. From the roof of a house a long band is suspended, after the fashion of a swing, the female is placed upon it, her face looking to the floor, and urged with all her might to press downwards, to force away the child, her back being pressed at the same time with the knee or foot of one of her sweating attendants. If this does not prove effectual, she is stretched upon her back and is squeezed

laterally along the sides by the hands of two old women, whilst a third places the heel of her foot on the abdomen, and thus makes pressure. Astringent and other washes are injected into the vagina with an instrument made of zinc and lead, resembling a miniature cannon, having rounded trunnions, by which it is grasped, and an ornamental piston rod. The sufferings of the poor injured woman no language can adequately portray. As might be expected, all such cases terminate in death. Happily they are not very numerous.

From time immemorial it has been the practice of these people to subject their women after parturition to a species of roasting for several days. Within the tropics, the heat at a certain season of the year is almost insufferable. To a high temperature is added a blazing fire, a few inches from which the parturient female is placed in a bed upon the floor, where she is kept for at least eight or ten days. After the birth of the child she is rubbed all over from head to feet with a stimulating yellow turmeric paste, to prevent her taking cold. The effect of the fire is said to excite secretion, and drain away all the noxious and impure fluids of the body.

Their notions of the development and growth of the fœtus are singularly crude, as displayed in the following quotation:

"At the first the fœtus is only water, not larger in the parent's womb than the drop detected with difficulty at the point of a hair of that sleek animal, the hyæna, after it has been immersed in oil clarified a hundred times, and from which the oil, so taken up, has been shaken one hundred times. The fœtus which is thus nothing but water, having become froth, (in this unchangeable way does it happen,) afterwards enters its third stage, and receives life and form; then the living fœtus becomes blended in its fourth stage; the two hands, the two feet and the head are produced and branch off into five extremities, the hair of the head and of the body, the ears, the eyes and the nose, are then formed."

The whole process is this: first, water; second, froth; third life and form; fourth, the branching, or growing out of the different members, as from a common centre which seems to be the trunk; and the fifth stage including the perfection of the head and the several limbs.

The periods of development here follow:

"The fœtus in its first stage of water is produced in fifteen days; its second stage is formed at the termination of one month; the third at the end of the second month; the fourth at the end of the third month; at the conclusion of four months, it branches forth into five extremities; at the fifth month the eyes and other members of sensation are formed. The fœtus remains ten months* (three hundred days) within the parent's womb, and after remaining there as in a repository, it comes forth."

*Two hundred and ninety-four according to others.

The Burmese say, that man is formed of the four great elements of "Earth," "Fire," "Air," and "Water."

"There are four elements of which the human frame is composed. The first is earth, the second, water, the next fire, the last, air; and in this manner are they distributed: there are twenty portions, or members formed of earth; viz.: the hair of the head, the hair of the body, the nails, the teeth, the cuticle of the skin, the flesh, the veins, the bones, the marrow of the bones, the lungs, the heart, the liver, the spleen, the stomach and the bowels, both large and small. Twenty-two parts are formed of water, gall, phlegm, pus, blood, sweat, indurated oil, tears, liquid oil, spittle, mucus, gluten, urine. Of fire, there are four parts; viz.: the embryo of fever, the principle of producing age, the embryo of melancholy, and the principle causing digestion. Of air there are six parts: the principle which occasions belching; that causing a breaking of wind; the embryo of disease in the stomach; the principle of circulation."

The practice of medicine seems to be followed only as an empirical art, and is mixed up with considerable superstition, sacred and vulgar. The following is an example of the rules which guide them.

"If a physician is called to attend upon a patient who lives to the south of his house, that person's disease cannot be healed (by him:) if the patient resides to the southwest, he can be cured in three days: if to the west, the complaint can also be gradually cured: if to the north, the patient will not completely recover: if called from the northeast upon Ta-nen-la (i. e. Monday,) he must not attend; if from the north, the sick person will not recover; if called from the east on a Monday and presented with a liberal fee before going, the patient will recover in three days, if the spirit be propitiated by an offering of food placed on the east side of the house. There is sometimes a pulse felt between the thumb and index finger of the right hand, at such times the subject is under the influence of witchcraft, the disease therefore is not a real one; boiled rice, fried fish and a fragrant condiment being placed on the north side of the house, as an offering to the spirit, the complaint will disappear. When there is a pulse in the middle joint of the right thumb, beware! it is the work of a household evil spirit to cause dejection of mind. When there is a throbbing pulsation in the fourth finger, the intellect of the person is obscured, and the body is parti-coloured; a witch and the household spirit possess the person. When the blood-watchers of life (the pulse in the wrist and foot) vibrate strongly, it is caused by an evil spirit: when they cease to beat, refrain from administering medicine—life is departing."

As the foregoing instructions to medical men are believed to be enjoined by divine authority, all reasoning as to the fitness or utility of the proposed cures is at once superseded. Their mystical influence, has become deep-rooted, from the acknowledged authority of accumulating ages, and though seemingly puzzling as a fact, that such a palpable chain of errors could have so long maintained its power, without a spirit to investigate, or a struggle to overthrow it, yet, unlike the gordian knot of the famous Phrygian chariot, it must be confessed that no Alexander has ever risen to cut it, and enfranchise the mind.

Every Burmese physician is strictly an empiric. Though

some of them are conversant with a long catalogue of simples, still they have but one or two remedies for each disease, and when these fail, their skill is at an end. They appear unable understandingly to adapt means to ends. All is blind chance. In the use of the articles of the *materia medica* which they employ, they manifest but little judgment, and betray an imperfect acquaintance with their real virtues. Their manner of administering mercury, and other mineral medicines which enter into their *materia medica*, is open to the same objection.

In relation to Nosology, the whole circle of diseases is embraced under two grand classes. Their books of medical practice assert that "of the diseases to which the human frame is liable, there are ninety-six. Of which sixty-eight are wind complaints, and twenty-eight gall complaints. According to some others, there are eighty of the former, and sixteen of the latter." Symptomatology, which is the basis of good practice in any country, is but little understood. The meaning of symptoms, the difference between cause and effect, can hardly be intelligible, where there is such a notorious want of correct anatomical knowledge.

It is not a little amusing to witness the exploits of most of these warriors of physic. While a few of them appear to be deeply read in works on medicine, such as they are, and are otherwise generally intelligent, the mass are without a particle of book knowledge, and as ignorant almost as an untutored Indian. But there is this to be said in extenuation, that books are rather scarce with them, just as it was in Europe some two or three centuries ago, before the more general introduction of printing. A number, however, are collected together in some of the older Kyoungs, or monasteries under the charge of the Bhoodist priests, where they are piled up for preservation as relics of the past, in large boxes, which are richly ornamented for this particular purpose.

The great field of medicine in Burmah, as in most other oriental countries, being entirely without any sort of barrier, or fence, in the shape of a legal test, or collegiate trial, every simpleton that pleases may ramble into its alluring precincts, to try his fortune. The only requisites for the office, are a brazen face, a flippant tongue, and a bag of drugs. If a Burman conceives to himself a desire to execute the functions of a doctor, he begins to practice at home. The first two or three cases are generally members of his own family; and having tried his ingenuity, he has perhaps been successful. As may be supposed this success is highly encouraging, and prompts him to march forward in his new career. The cases were probably such as would have turned out favourably

without any kind of treatment. But this circumstance has nothing to do with it. In due time, after these astonishing triumphs have been achieved by our adventurer, friends in the neighbourhood call to make a visit. A story is got up relative to these wonderful cures that the new doctor has effected. Beating their breasts, the old folks look amazed and thunderstruck, and sing out, "*a mai, a mai*," oh me, oh me, how wonderful! Assuming an air, of dignity and an apparant earnestness, the "*Sa tha mah,* theken*," for such now becomes his title, attempts to explain the nature of the disease, and above all how easily it could be managed in his hands and by his medicine. All this great matter is of course borne in mind by the visitors. Shortly after the doctor receives a call to see a sick person residing at the other end of the town. If he happens to think that the fates are not against him, he goes, but should the time be unpropitious, he declines and waits for another patient.

Having thus entered the professional sphere, the gentleman has to bestir himself, to look dignified, and furnished with drugs like a regular master of the healing art. A bag to throw over the shoulder is provided. This is to carry with him all the medicines he requires when going to visit the sick. His stock, which is contained in the cotton bag, mostly consists of a little brimstone and some bluestone, some mercury and crude antimony, a small lump of opium, a few bitter and aromatic roots, some powdered spices, as cloves, cinnamon, black pepper and ginger, either mixed or separate in small tin boxes, a little garlic and capsicum, a hog's tooth or two, or a couple of teeth of some wild animal, the claws or nails of a tiger, a flat piece or two of metal, some cotton and woolen strings or thread of different colours, (all the latter are to apply as charms,) and a China cup or two for giving medicine. In the majority of instances this enumeration comprises the whole drug establishment of the native doctors of that country. There is, however, a class of druggists to be found in the public bazaars, who keep a larger and more varied stock, and sell to the practising physicians and quacks.

When summoned to visit a patient, the practitioner makes the person sent sit down and give some account of the case. Having thus learned a few of the particulars, a fee is demanded in advance to buy medicines. A message is then returned to say that the physician will be in attendance presently with his remedy. Reaching the house, he steps in, and walks right up to the sick man. There is no ceremony of bowing and scraping observed,

* "*Sa tha mah*" literally means doctor, or master of medicine. "*Theken*" is a term of respect, and signifies friend, sir, master, or lord.

as may be seen in some more civilized parts, and no compliments are exchanged of wishing "*good day*," &c. The doctor sits down on the floor, by the side of the individual, and proceeds to feel the pulse, looks into the eyes, nose and ears, and sometimes into the mouth. Whether the mouth is omitted in the examination intentionally, or from neglect, I have not heard. But as the whole nation, without exception, chew the beetle leaf and nut, with slacked lime, tobacco and catechu all mixed, it keeps the mouth constantly stained of a red colour. Crusts form on the teeth from this habit. Very seldom a question is asked in reference to pains, aches, &c. The esculapian is supposed, or pretends to know all about them from the pulse. The wonderful pulse, according to his theory, tells everything, and in all certainty he understands nothing whatever of the circulation, and but little of the internal structure of the human economy. How can he, it may be inquired, for he has *never seen* the inside of a dead body, i. e. the person of a man, or woman.

The amount of their written information, (and this as we have already seen, is known only to a few of them,) respecting the several organs, is exhibited in the extract given below, taken from a book on anatomy, there being no work extant on the specific subject of physiology.

"The heart in shape is like the bud of a water lily; it lies with the point downwards, having three folds at the lower end, and is situated in the middle of the breast; it contains about a handful of blood."

"The liver of a *wise man* is thin and divided into three lobes: the unwise have large deformed livers: the liver is on the right side under the heart."

"The first spleen is in contact with the bowels; it is eight fingers in length, and in shape is like a cow's tongue. The second spleen is on the right side of the liver."

"There are three kinds of lungs, red, black, and spotted; they are situated in the breast above the liver, and are in shape like the fruit of the "*thapan*," (mirobalans.)

"The intestines of a man are thirty-two cubits long, those of a female twenty-eight cubits; they are coiled up in twenty-one folds below the opening of the breast."

"There are two descriptions of gall; one is contained in a bag, in contact with the liver; the other is diffused through the whole body."

"The human frame is also filled with pus."

"Perspiration exists in the orifices from which the hair grows."

"The spittle flows from the pouches on each side of the jaws."

Here is a specimen of jumbling of the most finished touch. The liver is again honored by having allotted to it the lodging place of wisdom. The first spleen must be the pancreas, but how the spleen itself could be assigned to the right side it is not easy to conjecture. The urinary organs seem to be entirely overlooked in this description.

But we must follow the doctor in his practice. Shampooing is a favorite auxiliary in the treatment of disease. It is put into

operation at once. The physician himself squeezes away in every direction; hands, arms and shoulders, feet, legs and thighs, as well as the trunk, all get a share of attention. A dose is then administered to the patient, mixtures being more commonly given than pills. The nostrils are then plied well with some aromatic powder. Next, a charm is formally applied to the neck, wrists or ankles. Certain offerings are proposed to be made to the "*nats*," or evil spirits. And whether fever or inflammation be present, exhaustion or languor, or anything else, it matters not what, the patient must be stuffed, as a part of the treatment, with quantities of boiled rice. It is given in boluses the size of a peach. The doctor, looking very grave and stern, informs the sick person and his friends, that "*unless he eats he must surely die.*" The whole proceeding, from first to last, would be regarded by a lover of the stage, as a beautiful farce, divested of all appearance of a plot, but full of action and droll amusement.

The treatment pursued is highly stimulating. Emetics and cathartics are very rarely used. There is a horror of having the bowels moved freely. When the natives seek the aid of a foreign practitioner, they often inquire whether the dose he gives will purge. Frequently the dose has been handed back, when told that it would, with a very significant nod of the head and the exclamation, "*Ah! ma kom boo,*" which means, "*Ah! that's very bad.*" Their last deity having been carried off in consequence of a looseness, seems to awaken in them a strong suspicion in relation to the fatal nature of free abdominal evacuation. In addition to this historical circumstance, their own purgatives are of the most drastic, violent character, and being oftener administered without, than with, either judgment or caution, is perhaps a sufficient cause to create a general dislike to them among the people. Though this is the popular opinion of the present age, it was not the universal rule of antiquity, as is manifest in some of the old treatises on practical medicine still extant, in which they figure in common with other things. In combination with a number of stimulating ingredients, their formula for certain compound preparations occasionally display the presence of some active cathartic article.

A composition of this sort is presented in the following recipe. The prescription as recorded, is directed to be employed in bowel complaints and pains in the abdomen. It betrays the exciting nature of the remedies, to which they were and are still accustomed to resort.

" Capsicum,	-	-	-	(Bird-eye pepper) fruit, (quantity illegible.)	
Piper longum,	-	-	-	"	100 grains.
Amomum Zingiber,	-	-	-	root	100 "
Allium Sativum,	-	-	-	"	100 "

Anethum fœniculum,	- - - - -	seed	100 grains.
Croton Tiglium,	- - - - -	"	10 "
Gentiana Chirayita,	- - - - -	root	10 "
Myristica,	- - - - -	fruit	10 "

"A quantity of *Cactus triangularis* to be sliced, the juice drawn from it and thrown away. The remaining part should be added to the above, and both well triturated together. To be taken in quantities of —* grains when required. Previous to taking this medicine, it must be dipped in salt."

Besides the efforts of the regular practitioners thus put forth in behalf of the sick, the agency of quacks and silly old women is sought, when the illness of a person is supposed to depend on mischief perpetrated by imps, wizards, hobgoblins and evil spirits. All kinds of mental alienation and disorder are laid at their door, as likewise diseases of a lingering character. The women thus called upon to exercise their craft, for the removal of these imaginary phantoms and spirits, would remind one very forcibly of the poor creatures described by writers on "Demonology," that were burnt as witches and wizards in Scotland and England, during the reign in those countries of superstition, religious intolerance and persecution.

The ceremony for dislodging these pernicious invisibles is somewhat ludicrous. A sort of shrine, with silver and marble images, leaves and flowers, is erected on a raised platform of bamboos. Before it are deposited the different offerings, in cups and on plates. An elderly female is dressed up fantastically, in tattered garments of singular shapes and colours, and decked out with wreaths of flowers and feathers. She holds in each hand a long sword; and in front of the shrine, cutting all manner of antics and capers, she dances to music. This mystical ceremony is sometimes prolonged through the period of a whole day and night, or a couple of days, by the appearance now and then of the female referred to, and of a succession of comical fellows, who dance in the same way, and kick up no uncommon kind of shindy. By looking at them, one is irresistibly led to exclaim, O what stupid infatuation! What worthless folly of concerted phrenzy and vain hope!

To judge from what an observer will witness, relative to the feeling entertained by the people toward their own medical men, the conclusion is, that they do not appear to have any great confidence in their skill, or modes of practice. The Burmese are indeed very fickle in this respect. They somewhat unreasonably desire to see *speedy* results for good, follow the employment of medicinal means. They soon become discouraged, and quickly relinquish hope, if such do not turn up. At times as many as a dozen practitioners may be called in attendance on a case, in the

*The quantity directed to be given is not legible in the original.

course of a single day, and dismissed one after another, as soon as each one has administered his dose. If the patient die while the last physician is in the house, *he gets the name of having done the business*. His predicament then is anything but agreeable or pleasant. The poor fellow sneaks out, amid the noise and lamentations that are raised, as if he had by some unhappy blunder really committed a murder.

The Burmese burn their dead. Young children alone are buried. Ordinary funerals are solemnly grand. In burning a priest there is great display made. In speaking of the decease of aged persons, they compare it by a figure of speech which they use, "*to the dropping of ripe fruit from a tree.*"

Here I must close the subject, not because it is exhausted, but from an apprehension of wearying my readers. Imperfect and rambling as this sketch may seem, an inquirer can gather from it *some* of the more prominent facts connected with the present state of Medicine in that interesting kingdom of Asia.

NOTE. The translation from Burmese into English of the several passages quoted in this paper, was made by a gentleman distinguished for his acquirements and knowledge of the literature of that empire.

A case of Serous Effusion in the Theca of the Medulla Spinalis.

By H. T. CHILD, M. D.

I was requested on the morning of the 11th inst., to see R. D. S., male, aged twenty-six. I found him sitting up, and obtained the following history of his case. He had been exposed to a severe rain, two days previously; and on the afternoon of the 10th he was attacked with paralysis of the lower extremities, so suddenly that he fell over while engaged at business. When I saw him at 9 A. M., the paralysis had extended so as to partially interfere with the motions of the upper extremities; sensation appeared natural; his pulse was about 80; there was no apparent tenderness on pressure along the spine; he had passed his urine freely within an hour; his speech was somewhat affected. I directed a cathartic of extract of Colocynth combined with powdered Cantharides.

At 3 P. M., my friend Dr. C. H. Bibighaus saw him with me, and we found that, soon after I left, he had lost the power of deglutition; his pulse was now 88, and rather oppressed; we directed free cupping along the spine and a blister to the nape of the neck; in the evening the pulse was 100; he had swallowed nothing, but was profusely salivated and had been all day, the cause of which we were unable to trace. I emptied the bladder

by means of the catheter, and directed an enema of infusion of senna and tinct. of aloes.

On the morning of the 12th, Dr. Noble saw him in company with Dr. B., and myself; his pulse was 96; he had had his bowels evacuated by the enema and had passed his urine; his mind was somewhat affected; sensation natural; constant restlessness and desire to be moved. We directed sixteen ounces of blood to be taken, by cups to the spine, and a repetition of the enema. At 1 o'clock, P. M., his pulse was 120; skin hot and dry. I passed a tube into his stomach, and injected a gill of milk and water; he said he felt refreshed; from this time he sank rapidly; his breathing became hurried and stertorous, and at 7 P. M., he died, about 50 hours after the first appearance of disease.

A post mortem examination was made thirty-six hours after death, by Dr. Bibighaus and myself—Dr. Noble being absent from the city. We opened the spinal column in the lumbar region, and found it filled with transparent serum; the theca was somewhat softened, and there was atrophy of the medulla spinalis. We were not able to examine the condition of the brain and other viscera.

On the Treatment of Young Permanent Teeth, that require Plugging. By J. F. B. FLAGG, M. D.

In the course of a series of microscopic observations upon the human teeth, in which I have been engaged for more than two years past, I was early led to observe the striking difference of density in the bony portions of teeth of different ages; particularly in their more external parts, as the bone approaches either toward the enamel or cortex.

In two preparations, consisting of transverse sections at the neck, one, an adult tooth, the other of the age of eight years, I have observed this peculiar development most decidedly illustrated. A section of the older tooth being prepared sufficiently to allow the light to pass between its pores, when subjected to a powerful lens, presented a uniformly fibrous, or striated appearance, from the edge bordering upon the chamber of the nervous pulp, quite to its outer surface, with the slight exception of the *cortex* at this part of the tooth; that being beautifully defined by its clustering stars.

A similar section of the young permanent molar, although it appeared equally opaque as the other at its *inner* portion, yet it gradually became less so, for about two-thirds of the way towards its outer circumference, when all its fibrous appearance was lost, and the external third became perfectly translucent.

Much difficulty has been experienced in the practice even of

our best operators in regard to saving these early permanent teeth. It is not unfrequently necessary to fill the same cavity twice or three times, at periods varying from one to three years, before we can confidently pronounce it to be an operation *lasting and permanently useful*. The probable reason for this is the change which is constantly progressing within the tooth, necessary to its growth and full development; the capillary tubes, in the immediate vicinity of the cavity so filled, evidently acting to its detriment. I think it reasonable to suppose that this condition may be superinduced by vital action being in contact with a foreign substance. Be this as it may, having pursued the following practice with uniform success, I recommend it to others desirous of benefiting the condition of young sufferers in this respect.

After removing every particle of decay, I devote as much time to *burnishing* the bony surface as is necessary to close the mouths of the tubuli opening into the cavity. This should be done with a smooth instrument, capable of reaching every portion of exposed bone, and with sufficient strength to cause the bone to present under the instrument somewhat the feeling of *enamel*; then wipe dry, and fill *full, solid, and finish*.

On the radical cure of Varices, deduced from the proximate cause.

Explained and demonstrated in Two Memoirs, by Dr. TOMMASO RIMA; Ordinary Member of the Athenæum, Senior Surgeon to the Civil Provincial Hospital of Venice, formerly Chief Surgeon of the Navy, Clinical Professor, and Surgeon in Chief to the Military Hospital, of the late Kingdom of Italy. Rewarded with the Golden Medal of S. M. I. R., Ferdinand First, from the Royal Institute, for the invention of permanent and moveable swimming baths, &c., &c., &c. Second Edition, with an appendix by the Author. Translated from the Italian, by JAMES BRYAN, M. D., Lecturer on Surgery, &c., &c.

On Varicocele.

In the classification of the innumerable disorders to which the human organism is subject, some are alterations of tissue, which sooner or later according to the importance of the part attacked, tend to the destruction of life; others are so circumscribed in their effects, that they occasion only a slight alteration in the function of the organ or viscera where they are seated. Thus they sometimes disappear spontaneously, instead of increasing with advancing years.

But some of these occasionally remain within certain limits, and produce an amount of suffering disproportioned to the actual extent of the organic lesion. Of this number is Varicocele. This consists, as is well known, in a morbid enlargement of the veins which con-

vey the blood from the testicle to the general circulation, coursing, enclosed and covered by the scrotum, along the spermatic cord, commonly in an irregular serpentine matter.

It will not be in place here to speak of the essential character of this disease, of the degree of alteration which the membranous tissues of the spermatic veins undergo, of the mode of distinguishing it from hernia of the omentum, or of other diseases with which it may be confounded. We will merely state, to fix it in its place, not to verify the disease, as all writers have asserted, one characteristic sign of Varicocele, which will distinguish it from omental hernia: it is, that the former develops itself from the testicle towards the abdominal ring, while the latter, or epiplocele, descends from the inguinal canal to the scrotum. A theory which is well proved by physiological and pathological laws, is not always established by a clinic, at the bedside of the patient. There is no doubt but that an epiplocele must descend from above, and pass the inguinal canal into the scrotum. But we cannot so certainly say that a varicocele must pass from below upwards, from the testicle to the ring. If we admit (for the moment) a new supposition, that the blood in varicocele may descend from the vena cava and renal veins, and oppose that which naturally ascends from the testicle to the spermatic veins. This symptom would cease to be pathognomic, and the obscure would become diagnostic. We will return to the argument when it becomes necessary to prove that such a supposition may be demonstrated by facts.

In the majority of cases, varicocele remains latent and innocuous. It is, for the most part, by mere accident that the most careful discover it under the fingers. It generally appears as a group of worms, covered by the integuments of the scrotum, merely inducing a sense of weight in the testicle, a dull sense of stretching in the region of the kidney, and this not constantly. The patient, half mechanically, supports his scrotum for relief. With this precaution he walks, rides, dances and undergoes any other gymnastic exercise without pain.

Our predecessors limited their prescriptions to a suspensory bandage, local astringents, bathing and cold water. The cure was merely palliative. We do not speak of certain empirical ministers of Hygeia, who applied various pharmaceutical preparations, whether sanctioned by experience and reason, or not, to all diseases.

All surgeons, who are not entirely unknown, will occasionally have patients present themselves to be relieved of varicocele. Some apply to us to relieve them of a varicocele, which is neither voluminous, nor incompatible with the uses of life. Here, it will not be difficult to convince the patient, that greater harm will result from the operation, than the benefit which can be hoped for.

Though it is true that this is the ordinary course of the disease, yet

it is very certain that, in some rare cases, pains and other symptoms arise where it is permitted to push the knife beyond the limits which antiquated scholastic precepts have in vain imposed on an illimitable art. The following is a case in point:—Antonio Morbiato, of Venice, writer under the royal pretorship, in the parish of Cadore, came to this country in July, 1833, to place himself under my care for a varicocele in the left testicle—a more frequent seat of this disease than the right.

He had arrived at the thirty-second year of his age, and had no appearance of want of health. For ten years past the varicocele had been so decided as to exempt him from military duty. But it continued so mild as not to interfere with his running over the Alpine rocks of the Cadorino in the chase, which was his favourite amusement. Not until November of 1822, (writes the patient) did the first painful sensation pass along a varicose and tortuous vein, which had ascended towards the testicle, swelled so visibly as to exempt me from military conscription, for the six months previous.

On consulting a physician he recommended to me the use of cold bathing in water and vinegar, with the occasional use of the suspensory bandage. He did not, however, give up his favourite exercise, the chase, or restrain himself from indulgence in that which his vigorous age inclined him to. Fortunately, notwithstanding this violent exercise, after a time the painful sensation left him so completely, that he was enabled for seven years to follow his Alpine course.

The slight pain was confined entirely to the enlarged vein, whose swelling increased by exercise, and particularly during four or five days in the spring of the year. With this slight variation, the life of our patient continued up to 1833. It must be recollected that in March the disease increased continually, but with little pain. The means first resorted to, with repeated leeching, were insufficient to impede its progress, so that in the middle of July he writes, his life had become burdensome, since he was constantly confined to his bed, full of pain and fit for nothing.

The cure was not completed on the 20th of July. The infusion of digitalis and guaiacum, locally applied, diminished for a time his sufferings, but was not sufficient to induce me to expect a cure, without the repetition of leeches. Scarcely had he abandoned the horizontal position, ere his pains recommenced. It appeared, and was a fact, that the blood, in opposition to the natural laws of the circulation, was not moved by the abundance of that passing through the spermatic veins of the testicle, but condensed into one column, in a manner to compress materially by its mass the spermatic nerve. Hence came the unpleasant sensation about the kidney, and not by the other filaments of the mesenteric plexus of the great sympathetic and of the lumbar nerves. To the advantage of the horizontal position, he added, temporarily, that of cold, and of the constant application of

guaiacum. This, operating as a mechanical astringent, must necessarily corrugate the vascular tunic on the slow moving column of blood, diminishing its volume and the capacity of the tunic. Such an impression of cold diminishes the chief pressure on the nerves. The sensation is reduced by the action of this agent to an unpleasant sensation of weight and stretching. Changing the supine position of the body exacerbates the suffering. To the most painful, excruciating, and insufferable physical sufferings of the patient, are added severe mental distress; hence, he writes that he is tired of his existence. He is in such a state that he demands succour and efficacious relief. The destruction of the testicle offers, according to the usual practice, the only hope of a cure, but with a painful sacrifice.

The patient will not object, nay, he will implore the operation. But the surgeon of the nineteenth century should not perform it. The radical cure of varices of the leg has been practiced by us in different ways, and repeatedly during the last twenty-six years. In spite of incision, ligature, and the excision of a portion of the saphena, though the result has not corresponded entirely in all, varying in different cases, yet it is proved that the venous circulation has received no harm. This reflection has induced the idea, that as in the great saphena, so in the spermatic veins, no harm can occur. It is true, that these being isolated by a very slight adhesion to the cellular tissue of the scrotum, do not present the most favourable combination in connection, with an infinite number of smaller ramifications. We might fear that if varicocele were formed by a morbid alteration of both the spermatic veins, with the excision of a portion of these the blood of the testicle could not be conducted into the current of the general circulation. As a consequence we might have the disorganization of the testicle. We must be prepared for this accident. But why be not willing to trust the hazard of the operation? The following reflections have induced me to attempt it.

Scarpa has demonstrated, in a masterly manner, in the arterial apparatus, the system of compensation which nature adopts when a vessel has been obliterated, either artificially or by disease. There is reason to believe that, to a certain extent, this physiological and anatomical law is also active in the venous system. If the rule be correct, that greater evils follow the lesion of an artery than that of a vein, it will apply with much more force to operations on the spermatic vessels. There are two veins devoted to this function, besides the artery. This carries the blood for the nutrition of the testicle, and also the principle of which is composed, and from which is elaborated, the first element of life, the semen. The veins have but a secondary office, that of carrying again into the current of the general circulation the residuary blood, in order to be deprived of its carbon and to reacquire its lost oxygen. The venous blood (to avail my-

self of a trivial idea, but one adapted to my purposes) is the serous portion of the milk, from which is extracted the caseum and buttery portion. The spermatic artery runs in the central part of the cord, while the veins course in a serpentine manner on its external surface. A portion of a vein may therefore be cut without wounding the artery. In cures by injection or ligation of the spermatic vessels, those of the scrotum and dartos coming from the femoral and obturator arteries, join with those of the involucre of the testicle to support its vitality. We may not perhaps expect the secretion of the semen, on account of the smallness of these external vessels, or perhaps the blood of these vessels does not contain the prolific principles which form the elements of this fluid. In our case, of treatment by incision of the veins, where their action is simply secondary, and restricted to carrying the blood, already deprived of its principal elements, these vessels may, on account of their tenuity, carry on the function in substitution of the spermatic veins, when the latter are entirely destroyed. As the two veins correspond to one artery, each of which is larger than the artery itself, we must hence admit, that the venous circulation is more certain than the arterial. The compensation to the venous system may be the lymphatic vessels. Besides performing their own functions, these vessels may carry venous blood. From the experiments of Lippi, and the controversy of Rossi, we are informed that there exist direct communications between some of the venous and lymphatic vessels.

The operator and patient being agreed, it was decided to commence with the incision of the varicose veins alone, and to cut successively the artery and vas deferens, should the sacrifice of the testicle become indispensable.

Such an operation, sanctioned by a distinguished practitioner of this city, was in fact directed on the seventh of August, 1833, with the assistance of Dr. Trevesini, royal fiscal physician. A transverse portion of the integuments was elevated, from which a perpendicular incision about two inches in extent was made. Raising with a pair of forceps the fascia of the varicose veins, three incisions were made with a pair of scissors, for the purpose of exposing the veins which surround the vas deferens. The third incision was much the most painful, corresponding to the track of the vein, whose great pain induced the patient at any risk to submit to the operation. There was no necessity for ligatures on the vessels; the hæmorrhage being purely venous, ceased spontaneously. The wound was dressed with a linen cloth tempered with oil and lint, spread with a refrigerating ointment. No phenomena worthy of notice were developed, the pulse scarcely indicating fever. Forty-eight hours afterwards, the wound was dressed with little or no inconvenience to the patient. This could not be said three hours afterwards. Severe pains attacked the patient, ascending from the lower part of

the wound to the region of the kidney, which were increased by the least motion of the body; so that the patient was reduced to a tetanic immobility imploring assistance. The pulse was depressed and jerking, subsultus tendinum, extremities cold; eyes sunk; hippocratic countenance, with cold sweats, were the symptoms presented. The calm through which he had passed for fifty-two hours, after the operation, did not indicate a scene so alarming. This sudden and violent attack was a speaking proof, that the deleterious influence of some morbid agent was acting upon the nervous system. Could it be the atmospheric air admitted for an instant during the last dressing? Assafoetida with morphia internally; an embrocation of oil and morphia to the wound, with the application of guaiacum to the groin and to the renal region, were the means resorted to, during two days of great suffering; also, a blood letting with the application of leeches to lumbar region, as soon as vital reaction would permit. All the so-called nervous symptoms having subsided, about the third day, general inflammation attacked the wound and vicinity. Moderated by the abstraction of blood, digitalis and local applications, intended to reduce vascular action, a laudable and abundant suppuration put an end to the painful scene of this morbid process. The testicle which had remained safe during the storm, became also, by the affusion from the wounded part, inflamed, and was the seat of a collection of foetid pus, in the tunica vaginalis and albuginea, which discharged spontaneously through the wound. From this time the ulcer progressed regularly, and the cicatrix was healed early in September. Sig. Morbiato returned to the duties of his office, and soon after to his usual habits.

I have now finished the historical part of the operation. It remains to add certain reflexions, as well on practical surgery, as on the special pathology of the veins. When the intolerable pains of our patient induced him to submit to the operation, we were not aware that others had performed it. The common practice, supported particularly by the authority of Boyer, has been the demolition of the testicle. In the history of medicine we learn that various varicose tumours have been extirpated by good surgeons. Petit has excised two, one of which he calls lymphatic sanguineous varicocele. The other, which was much less, he excised from the cord. A third was eradicated by my friend and colleague, Dr. Cumeno, of Trieste, from a French military surgeon, who does not speak of simple varices of the spermatic veins, but of varicose tumours. These tumours may form independently of the veins. We know that cancer from its nature produces varicose veins, and there is cancer of the varices. From the small vessels of the scrotal membrane, one of those inorganic fungous productions may arise, which may have but a superficial, or perhaps no attachment to the spermatic veins. If this were known it might be extirpated, leaving one of

the two untouched. In order then to arrange the facts and suppositions above written, we have proved—

1st. That varicocele, under ordinary circumstances, is a disease of little inconvenience, yet occasionally it becomes so painful as to render it intolerable, and to demand the assistance of the surgeon.

2d. That varicocele may be radically cured by the excision of the varicose mass, without the destruction of the testicle, as was the practice of our predecessors.

3d. That the serious consideration of surgeons should be directed to the theory of varices, to know whether generally, or in some solitary cases, the disease takes place, or is maintained by the blood which flows back from the great veins. This should be suspected by writers on varicocele, as I have sufficiently demonstrated in a letter of December 29th, 1825, speaking of varices of the lower extremities. Whilst I operated on the seventh of August, 1833, Sig. Dufresne published, on the 27th February, of the present year 1836, in the *Journal Hebdomadaire*, a memoir containing various operative processes for the radical cure of varicocele. He refers to the practice of the ancients, who tied the vein above or below the varicose group; he does not analyse this operative process and give the rule, but merely writes it as a historical fact.

We learn from this memoir that the learned physician, our colleague and friend, Professor Delpech, the unhappy victim of the ingratitude of men, has operated several times, with happy results, by the excision of the varicose spermatic veins. Nevertheless, one is surprised that he adheres to the opinion of Boyer, preferring semi-castration. The result is certainly not less doubtful, and the sacrifice is too painful, especially if the patient be in the bloom of life. He then proceeds to give us the opinions and various processes of Breschet, Velpeau, Friche. They attempt in various ways to obtain their purpose without cutting the integuments of the scrotum, and without exposing the vein. Breschet uses a pair of pincers, which somewhat resembles the compressor of Assalini. The vein and a portion of the integuments of the scrotum being introduced between its two branches, they are pressed together so as to bring the parietes of the vein in contact. The others use a needle to perforate the vein, and carry a thread to act as a seton, allowing it to remain two or more days. Others with a greater probability of success, on a needle which has passed through the integuments of the scrotum, under the vein, twist a thread in the figure of 8 form, or else retain the vein in constant compression between the needle and the thread, as is done in hare-lip.

Several cures have been obtained by these processes. He cites among others as authority, the name of Velpeau. But they seem to us not to unite the cito, tuto et jucunde of Celsus, and should

not supersede simple excision. It is certain that this pricking terrifies the patient, nor when accomplished is the pain relieved. By incision the pain is transient, and the operation decisive, and is finished in a few seconds. We cannot say so much of the strangulation of the vein between the needle and thread. This occasions a little pain at first, but the pain must of necessity continue to increase, indeterminately, for several days; nor can we know in anticipation or perhaps in reality, to what extent, and how long a time it will continue and excite inflammation, as we will not have the power of limiting it to the simple grade of adhesion. The excited sensibility of the vein does not remain circumscribed to the point compressed. It extends easily along the vein, and there is danger that phlebitis will extend to the larger trunks, endangering the life of the patient. Nor is the inflammation confined to the vein. The integument and other parts which sympathise with it are likely to participate. It is not uncommon for gangrene to attack the integuments which surround the points compressed, and killed, by the pincers or by the needle and thread.

Resection, on the other hand, induces some loss of blood, which depends upon the operator favoring it or not, so that the inflammation of the wounded part may be circumscribed, which cannot be done with compression. Strangulation of the vein does not give confidence to the patient, who perceives always the uncertainty of the cure, without knowing the extent of suffering. Nor should we be surprised if after three or four days the sufferings of the patient should induce the surgeon to relax the compression, leaving him exposed to all the results of the experiment, which are not only useless in effect, but always pernicious, and may induce grave consequences.

In excision, the patient may be compared to a ship in a troubled sea, the wind having ceased to blow; while compression may be compared to a vessel which leaves the shore, throwing itself into an ocean, soon to suffer all the effects of an inevitable tempest, whose duration or termination cannot be surmised.

Should the patient have enough of courage and patience to resign himself to events; uncertain whether adhesion will take place, or how much time must pass ere its accomplishment, well; if not, he will consider the operation a total loss. If it is performed in a place which may be obliterated, we may not obtain cure on account of the anastomosis of the obliterated vessel. If the varicocele is in both veins, the operation must be performed the second time, uncertain still whether compression is applied to the remaining vessel or to that which has been operated upon. Facts, in fine, in the cure obtained by strangulation, have proved, as has been said by Dr. Dufresne, that we always have more or less sup-

puration. Nor can we guarantee the patient from the danger of secondary hæmorrhage, which, without the degeneration of the wound, cannot take place after excision of the vein. Subjected to an impartial examination, and placed in opposition to the advantages we may hope for, and the dangers we may fear, it appears to us that excision of the varicose veins merits the preference without regard to the choice of the patient.

Clinical teachers, who reason upon and compare the different methods, are authorized by experience, to form a judgment which will serve as a guide to the novice in the noble art of surgery.

BIBLIOGRAPHICAL NOTICES.

On Diseases of the Skin. By ERASMUS WILSON, F. R. S., Consulting Surgeon to the St. Pancras Infirmary; Lecturer on Anatomy and Physiology in the Middlesex Hospital School of Medicine, etc. etc. *Second American from the second London edition.* Svo. pp. 439. Lea & Blanchard. Philadelphia: 1847.

Although we have many works on Dermatology, we can hardly be said to have yet arrived at any great degree of accuracy in our diagnosis of the various affections, and, as a consequence, their treatment remains for the most part empirical and often unsatisfactory. The greatest confusion exists in the classifications of authors. Affections are described as distinct diseases, which often co-exist, or become blended, so as to bid defiance to all attempts at satisfactory diagnosis. With some, the *topographical system*, which divides the diseases according as they affect the head or the body generally, has been prefixed; but more generally the system of Plenck, modified and improved by Willan, was for a long time adopted. It consists of *six orders*, characterized by the appearance of the eruption, which, instead of constituting the disease, is in fact merely one of its products. To this succeeded the so-called natural system of Alibert, which embraced all cutaneous diseases in one

group, under the name of *Dermatoses*. This constituted the trunk of his "Arbre des Dermatoses," the sub-groups being its branches. Although its gifted author assumed this to be the *Natural system*, in opposition to that of Willan, which has been designated the "*Artificial system*," it was really not any more simple, and hardly more correct in reference to the phenomena of the various affections. The great fault of Willan was in endeavouring to carry out the principles of division and subdivision pursued in Botanical and Zoological classifications; as if any analogy could exist between morbid conditions of a part of the human body and the natural or organic structure of plants and animals. In the attempt, affections the most dissimilar, as purpura and scarlatina, scabies and variola, were arranged together; whilst some of the most analogous, as variola and varicella, were separated. Our author adopts a new classification of his own, which he likewise proposes to call a "*Natural system*," though it differs greatly from that of Alibert, and is, we think, with much greater reason entitled to that character. According to Mr. Wilson's arrangement, Diseases of the Skin are thrown into four groups, viz.: 1, Diseases of the Derma; 2, Diseases of the Sudoriparous Glands; 3, Diseases of the Sebiparous Glands; 4, Diseases of the Hairs and Hair Follicles.

What is called the skin, consists, as we know, of various structures, having their appropriate functions; and this classification has reference to the particular organs of the skin which are especially implicated. Disease in these several organs again is various in its character; thus we have inflammation, which may be either specific, non-specific, asthenic, sthenic, &c. &c.; augmented secretion, diminished secretion, retention of secretion, &c. &c. Hence, the classification is based on the distinct anatomical characters of the organs involved; which certainly is the most natural ground of separation. The particular character of the diseased action which occurs in these different structures, forms again a very natural and proper ground for subdivision.

If this classification were generally adopted, and we think it will be, it would do much to remove the confusion which exists in the diagnosis and pathology, as well as the therapeutic management of cutaneous affections.

The first chapter of the work contains an admirable account
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of the "Anatomy and Physiology of the Skin," embracing all the modern microscopical discoveries of the intimate structure of the derma, epiderma, and the included organs. This constitutes an appropriate, indeed, indispensable, introduction to the study of the diseases of which the work treats.

The concluding chapter contains a "history and description of the *itch animalcule*, or *acarus scabei*," and a "history and description of the *steatozoon folliculorum*," embracing some original and very curious observations.

We have read this edition of Wilson on Diseases of the Skin with unusual interest, and cannot hesitate to recommend it as the most complete and satisfactory work on the subject now extant. The value of the volume is much increased by the excellent illustrations it contains; these consist of eight highly finished plates, representing groups of diseases, and comprising in all sixty-one different affections.

A Treatise on the Structure, Diseases and Injuries of the Blood-vessels, with statistical deductions; being the Essay to which the Jacksonian prize for the year 1847 was awarded by the Royal College of Surgeons of England, with numerous additions. By EDWARD S. CRISP, M. R. C. S., Member of the Council of the Pathological and Medical Societies of London, &c. &c. 8vo. pp. 354. London: 1847. *With five Lithographic Plates.*

The structure, diseases and injuries of the blood-vessels is an interesting topic to the physician and surgeon, but to the latter more especially: and we are, therefore, not astonished that it should be made the subject of a prize essay by the Royal College of Surgeons of England. From Mr. Crisp's account, fifty-two deaths occurred in the British metropolis in 1846 from aneurism; and according to the Report for 1840 of the Registrar-General, one hundred and forty-seven persons died from aneurismal diseases in England and Wales for that year,—a small proportion, certainly, for so large a population, when we compare it with the number of aneurisms in one year in the metropolis.

Two works on the diseases of the blood-vessels have been chiefly known amongst us:—one by Mr. Hodgson, of Birming-

ham, England, which was published upwards of thirty years ago; and that of our countryman Professor Nathan R. Smith, of Baltimore, on the Surgical Anatomy of the Arteries, the first edition of which was published about fifteen years ago. Both of these are valuable productions—doing great credit to their authors; but still there was sufficient room for the Essay before us; and the fact that it received the prize awarded by the Royal College of Surgeons of England for the year 1847, is sufficient evidence of its being possessed of real merit. Mr. Crisp states, that he has, for many years, paid much attention to this class of diseases, and that his residence in the neighbourhood of two large hospitals has afforded him many opportunities for witnessing operations, and watching the progress of these affections.

The descriptions of the different diseases are those generally received, although they are in some cases too brief. The pathological deductions are usually accurate; whilst the treatment is judicious. The author has taken considerable pains, too, in obtaining statistical details;—for instance, one single table of 551 spontaneous aneurisms, (so called) selected indiscriminately from the British Medical and Surgical Journals from the year 1785 to the present time, occupies a space of nearly forty closely printed pages. The table contains the authorities for each case, the age, sex, artery affected, habits, occupation, supposed cause, &c., operation, termination, cause of death, &c., and the name of the practitioner under whose care it fell.

To the work are prefixed five lithographic plates, the first representing an “arterial tree;” indicating by figures the order of frequency of the different situations of aneurisms; the others elucidating the structure of arteries, and certain lesions of the vessels. They are not signally good specimens of art.

Criticisms and Controversies relating to the Nervous and Muscular Systems. By BENNET DOWLER, M. D., of New Orleans. Reprinted from the *New Orleans Medical and Surgical Journal*, Sept., 1847.

This is a *brochure* of 69 pages, and racy enough for any palate—rather too spicy, indeed, for our taste.

On different occasions we have noticed Dr. Dowler's labours in terms of just praise. His experiments on the *cadaver*, in relation to caloricity and the influence of the nerves in causing muscular contraction, we regard as ingenious, and their results strange and inexplicable, according to present received physiological laws. These experiments, Dr. D. maintains, completely upset Dr. Marshall Hall's theory of reflex nervous action. This has drawn down upon his head the thunder of some of the admirers of the reflex doctrine, and the present publication is Dr. Dowler's rejoinder. It will not be denied, even by those who may not agree with the author in his reasonings, that his publication displays much learning and ability, but a sad want of the calmness of true philosophy. We admit that he has had great provocation. His experiments have been lightly spoken of, and his deductions have been put aside with a flippancy calculated to ruffle one unused to such encounters; but in losing his temper he sacrifices an important element in the controversy. We agree with him in thinking that he has not been fairly dealt with by his opponents. His experiments have been numerous, laborious, and seemingly accurately observed, and until others in an equally pains-taking manner have gone over the same ground, with different results, we are bound to regard them as true. No one, as far as we know, has denied that they are true. That being the case, his opponents are bound to show either that their theory is consistent with the facts, or that the facts stated are inapplicable to the case—in other words, that Dr. Dowler's deductions from his own premises are wrong. Thus far, ridicule rather than argument has been the weapon mostly employed against him.

THE MEDICAL EXAMINER.

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PHILADELPHIA, NOVEMBER, 1847.

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MEDICAL APPOINTMENT.

In the notice of recent medical appointments contained in our last number, we neglected to mention the election of Jacob Randolph, M. D., as Professor of Clinical Surgery to the University of Pennsylvania. Dr. Randolph has long been one of the Surgeons of the Pennsylvania Hospital, and his lectures will continue to be delivered as heretofore, in that institution, to all its pupils without distinction. We have not understood that he is to lecture at the University, or specially to the class of that school, so that all who choose to purchase a hospital ticket will have the benefit of his able instruction during the winter.

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THE ANNALIST.

We have received the second number, (first missing,) of this spirited little cotemporary, from which we discover that it has entered upon its second year, which is encouraging in these days of mushroom growths. The editor wields a ready pen, and is enthusiastically devoted to the interests of the profession. Long may he grace the editorial tripod!

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*The New Jersey Medical Reporter and Transactions of the New Jersey Medical Society.* Edited by JOSEPH PARRISH, M. D., Tenth month (Oct.) 1847. Burlington, N. J.

This is a new aspirant for professional favour, which has just appeared, and is to be published quarterly, in the city of Burlington, N. J. It "purports to be a medium for the publication of the transactions of the New Jersey Medical Society, while it will be devoted to the interests of Medical Science generally." The present number contains eighty-four pages, well printed, with good paper and a genteel cover—circumstances that speak well for the good taste and spirit of the publisher.

A considerable portion of the initial number is occupied with the proceedings of the New Jersey Medical Society, embracing reports

of Committees and papers read before it by members: the remainder is devoted to original articles, notices of new publications, and selected matter. A journal got up under the auspices of a large Medical Society, as in the present instance, with the auxiliary means at the command of the editor, ought to succeed, and we can see no reason why it shall not. In this we assure our young friend, the editor, "the wish," at least, "is father to the thought."

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YELLOW FEVER.

According to the last accounts, the yellow fever continues to prevail in New Orleans, especially among the unacclimated. The influx of strangers has caused in fact quite an increase in the number of cases. "During the twenty-four hours ending on the morning of the 11th, (ultimo,) nine interments occurred in the city, and five deaths at the Charity Hospital." This, however, is a great decrease, compared with the month of August. In the latter part of that month, the disease pervaded all ranks of society, and the deaths from that cause alone, in the week preceding the 23d, amounted to three hundred and twenty-four.

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SHIP FEVER.

This epidemic still prevails to a considerable extent among the emigrants at the port of New York, although very few cases we believe occur now at Philadelphia, owing, perhaps, to the smaller number of subjects. From the Canadian ports and places of landing, we continue to receive distressing accounts of destitution, disease and deaths among this unfortunate class. The number of sick emigrants at one hospital, (Montreal,) on the first of last month, was eight hundred and thirty-five!

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MEDICAL HEROISM.

Under this caption, the *Annalist* copies the following from an article in the *British and Foreign Review*, with appropriate comments. It is a sublime but just picture of genuine medical character.

"There are few of our readers who do not remember the melancholy impression made on the public mind by the disastrous expedition to the Niger, when this was made known in England, through the newspapers. And none, who remember this, can forget that pathetic passage in the story, which represented the noble conduct of the surgeon and the geologist of the expedition, when left alone in the far recesses of the Niger, amid their heroic companions, all stricken to death, or to death-like helplessness, by the fatal fever of the country. In this trying conjuncture, when the salvation of all on



board depended upon the speedy removal of the ship from her actual position, Dr. M'William took the navigation on himself, steering with his own hands, and piloting the vessel through all the intricacies of the river, while his companion worked the engine below. There is something affecting, we had almost said, sublime, in the picture thus presented to the imagination, of these two solitary men of science, assuming offices so foreign to their past habits and knowledge, stripped of all exterior cognizance of their class, standing as humble workmen at the helm and furnace, toiling by day, watching by night, while the force of the stream and paddles were sweeping their ill-fated bark, freighted with their dying or dead companions, through the manifold dangers of their unknown course. The author of the volume before us, (the Report on the Boa Vista Fever,) was the clear-headed and stout-hearted pilot who did this, the undoubted preserver of the ship and her surviving crew; and the slight and simple way in which he speaks of his own exertions, strikingly illustrates the old truth, that 'the brave man is ever modest.' "

The following despatch and accompanying remarks, which we extract from the North American of a recent date, show that the same traits characterize the honorable members of our profession everywhere.

**MARTYRS TO THEIR DUTY.**—The crowded state of our columns has prevented us from commenting upon the following dispatch received at the Navy Department from Com. Perry:

U. S. FLAG SHIP GERMANTOWN, }  
VERA CRUZ, 6th September, 1847. }

SIR:—I am again called upon to announce to the Department the death of another valuable officer of the Squadron—Passed Assistant Surgeon J. Howard Smith breathed his last yesterday evening at the Naval Hospital.

The death of this and the other Medical Officers, may in part be ascribed to the extraordinary anxiety and labour to which they were subjected in their attendance upon the sick; worn out in body, though not in zeal and courage, they had not sufficient strength to bear up against the effects of disease when it came upon them.

Doctor Smith was attached to the steamer "Spitfire," and volunteered with Doctor Hastings, of the "Mississippi," to take charge of the sick at the Hospital, when Dr. Thornly was taken with the fever.

Words cannot express my feelings on seeing these devoted men, stricken down as they have been by the epidemic, from the fatal malignancy of which their own incessant labours and watching by night and by day have saved so many.

As a proof of the noble self-devotion of Doctor Hastings—an example worthy also the character of his lamented companion, Doctor Smith—I subjoin an extract from the "Sick Report" of the 30th ult.

I have the honour to be, with great respect, sir, your obedient servant,

(Signed)

M. C. PERRY,

Commanding Home Squadron.

To Hon. JOHN Y. MASON, Secretary of the Navy, Washington.

Both the gentlemen, who are the subject of the above feeling eulogy, are Philadelphians, and Mr. Smith leaves many to regret his loss—while that regret is solaced by the reflection that he fell when nobly and gallantly engaged in the performance of his duty. It is not alone amid the roar of cannon and the thick smoke of a deadly combat that true courage and manly devotedness can be found. The physician who faces the horrors of infectious disease, and hovers like a ministering angel around the couch of death, achieves a triumph equal to that of the victorious battle field. As soon as Dr. SMITH was taken down, Dr. JOHN HASTINGS made the following tender of his services in a report dated “U. S. Naval Hospital, Salmadina, August 30, 1847.”

‘Aware of the diminished number of medical officers in the squadron, and fearing you might be worried and perplexed on account of the sickness of Dr. Smith, I conceive it my duty to say that I feel myself able to take charge of the sick at present on the island, (number of sick in hospital 124,) and all who will be likely to come. Having been on a previous occasion, from similar misfortunes, called upon to discharge as heavy and important a duty as the present without succumbing, I hope I shall in the present instance again be equal to the task.’

While engaged in the duties which he had thus assumed, Passed Assistant Surgeon JOHN HASTINGS was himself attacked by fever and for a long time his recovery was doubtful. Providence, however, interposed, and he has been preserved for other duties and other missions of self-sacrifice and devotion. Well may we feel proud to enrol such gallant spirits among the sons which Philadelphia has sent forth to the war. Tears for the departed one, and the encomiums of the public upon the survivor, are but feeble evidences of the estimation in which they are held. Dr. SMITH “sleeps the sleep that knows no waking, while Dr. HASTINGS will soon be restored to the friends whom he has made so proud of him, and we trust his return may be accompanied by some expressive token from his fellow-citizens.”

The following notice of the late Dr. Kearney we also take from the North American. We had the pleasure of Dr. K.’s acquaintance and friendship, during several years that he was stationed at Philadelphia, and can bear witness that the eulogy of his brother officers is not strained. It will be seen that he met his death in the *voluntary* performance of a most hazardous duty. Dr. Kearney’s age and long service exempted him from so arduous a task, but his sympathy for his brother soldiers prevailed over all considerations of domestic ease and comfort, and even his own health and life, and, like those whose names we have already chronicled, he fell a sacrifice to what he deemed his professional duty.

NAVAL.—The Officers of the Navy attached to this station, and



others now in Philadelphia, met at the Navy Yard, on the 22d inst. Commodore CHARLES STEWART was called to the Chair, and Purser ROBERT PETTIT appointed Secretary.

The Chairman, in a short and feeling address, stated that they had convened for the purpose of offering some testimonial of their respect, to the memory of a brother officer, Doctor JOHN A. KEARNEY, late "Fleet Surgeon" of the Home Squadron, who died on the 27th of last August, at Salmadina, in the Gulf of Mexico.

A Committee consisting of Surgeons James M. Greene, W. S. W. Ruschenberger, and Purser Robt. Pettit, was appointed to prepare a notice and resolutions, expressive of the respectful sentiments and feelings of the meeting. The Committee reported the following, which was adopted :

We are impressed with no common feelings of sorrow, when we reflect, that only a few short weeks have elapsed, since the lamented subject of this notice, was on duty with us, in fine health and spirits, and with every prospect of a long and useful life ; and that now he is numbered among the last victims of that disease, the fell scourge of strangers within the tropics !

We cannot permit an occasion so melancholy to pass, without a slight tribute to the memory of one with whom most of us have passed many happy hours, in our varied duties of a life at sea ; or amid the social circle, with our friends on shore.

Doctor Kearney entered the service at an early age, and during a career of nearly forty years, passed with distinguished honour through the various ranks of the Medical Corps of the Navy. He served as Surgeon's Mate, Surgeon, Member and President of Medical Boards, and Fleet Surgeon of different squadrons.

In the war of 1812 he was Surgeon of the Frigate Constitution, in her triumphant encounter with two of the enemy's vessels and a larger force.

The deceased was a warm advocate for strict discipline, and willingly showed the utmost deference for those whose rank or seniority placed them in command—while he used every honorable means to promote the consideration which he believed was due to skilful and well instructed medical officers. Nor was he less strenuous in his efforts to advance the interests of others in the different departments of the service ; and in 1835 had the pleasure to witness the passage of a law in Congress, improving the condition of every rank in the Navy.

Doctor Kearney was a noble hearted and generous man—he was a kind, affectionate husband, a tender parent, most sincere friend, and acquitted himself in all the relations of life, as a Christian and polished gentleman.

But it was in the exercise of his profession, either in the hospital, or on board his ship, that he was seen to most advantage—there, his whole time and attention were given to the sick, and no comfort or luxury was spared that could alleviate the sufferings of the patient, or tend to his recovery.

As friends of the deceased, we only join in the common expression

of sorrow, at the loss which his family, the public service, and society have sustained in the death of Doctor KEARNEY—and it is therefore

*Resolved*, That we sympathise with his family and relatives in their bereavement, and that we offer them our heartfelt regret, and most sincere condolence.

*Resolved*, That when time shall have assuaged the sorrows of his mourning relatives, they may direct his children to contemplate with becoming pride, a father's patriotism, his unsullied reputation, and the bright example of his virtues.

*Resolved*, That we appreciate his services in co-operating with the Army, in its struggle with the ruthless Seminole of Florida, and in *voluntarily* joining the squadron, now amidst disease and death in the Gulf of Mexico.

*Resolved*, That we will cherish with grateful recollection the memory of the deceased, as a skilful and efficient officer, a pleasing associate on duty, and as an accomplished gentleman.

*Resolved*, That these proceedings be signed by the Chairman and Secretary, and published in the papers of this city, and that a copy of them be sent to the Secretary of the Navy, with a request that he forward it to the family of the deceased, and also that a copy of it be sent to the Secretary of War, for Col. James Kearney, of the Topographical Engineers, only surviving brother of the deceased.

CHARLES STEWART, Chairman.

Robert Pettit, Secretary.

U. S. Navy Yard, Philada. Sept. 22d, 1847.

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## RECORD OF MEDICAL SCIENCE.

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### THE IRISH IMMIGRANTS' FEVER.

GROS ISLE, 33 miles below Quebec, August 27th, 1847.

To the EDITOR of the Boston Medical and Surgical Journal.

DEAR SIR,—Through the politeness of Mr. W. Stevenson, of Quebec, who runs a small steamboat for the government, I have been able to make a short visit to this quarantine station, and am now on my return to Quebec; or shall be, as soon as our little steamer takes on board the last of the convalescents from the fever hospitals, which I see waiting on the dock. Presuming that our brethren generally, throughout the United States, feel a lively interest in the disease which is prevailing here and up the St. Lawrence, even to our own country, I propose to give you a rapid and superficial sketch of what I have seen, and what I may hereafter see; although, as I have been travelling for more than two months, and seen but few medical journals, I do not know but others have already done for you what I am



about to attempt. If so, please send on my letter to my colleagues of the Western Journal, at Louisville.

Gros Isle is one of the endless succession of beautiful islands which adorn this noble river, from Lake Ontario to the Gulf of St. Lawrence. Many of them consist of ancient *drift*, and have level surfaces which rise but a few feet above the water; but this is rocky and rugged, with heights of 80 or 100 feet, in its centre, and hence the name given it by the early French voyageurs. Its breadth is less than a mile, with a length of nearly two. The black birch, white cedar, and various kinds of pine, overshadow and partly obscure its stony surface.

The quarantine station is on the south-east or right hand side, which, in the approach, present three distinct groups of one story board sheds, some of which are mere cottages, but others from two to four hundred feet long. The lowest, or eastern group, is for the reception and temporary accommodation of immigrants in health; the next up the island, for the quarantine physician, and a small detachment of troops from the garrison at Quebec; the third, or western, more extensive than both the others, for the sick and their physicians, nurses, and a numerous body of carpenters, engaged in the erection of additional houses to receive the hundreds who are still lodged in tents and marquees. The buildings of each group are white-washed, and appear in pleasant contrast with the green slopes and tuberosities of the island, in their rear. The harbor in front presents several ships at anchor, and two or three steamboats, with a neat and nearly finished dock, projecting to a distance into the stream. When we were near the harbour, a gentleman, Mr. Patten, who resides in its neighborhood, and who had kindly directed my attention to different objects on our little voyage, called my eye to an Irish immigrant ship, then passing us. On inspecting the group of passengers with a glass, I was surprised to find them so healthy in appearance; and when about to express myself to that effect, he discovered and announced that it was a ship from Bremen. Such is the difference between the German and Irish immigrants, in health and personal condition.

A distant view of Gros Isle suggests a new and busy colony, on a romantic shore; but a walk up the dock, which leads directly to the hospital sheds, most painfully dispels the pleasing illusion. As I approached them, the emaciated forms and haggard faces of convalescents, sauntering about, or crouched on the ground and rocks, or sitting underneath the eaves, and on the piles of boards to be used for coffins, impressively told what might be expected within. Conducted by Mr. Patten, I passed through them without stopping, till we reached the quarters of Dr. George M. Douglas, the health officer, who received me with much hospitality. I found him lame, from a kind of hospital gangrene or slough, which had attacked one of his feet, but, intent on his duties, he was bravely hopping about, and answering a hundred questions, or giving as many orders.

Taking me in his buggy, he drove to his office in the midst of the sick, where I was introduced to several of his assistants, They are

chiefly young physicians of Quebec and other towns of Canada, employed by the government. One to whom I was introduced, although walking about, labored under fever; and yesterday I saw another at Quebec, who had returned in the same condition. The number of assistants to-day is nine. Since the first of June, twenty-one or twenty-two have been employed. All except Dr. Douglas, have experienced attacks of the fever, and three have died—one of whom was Dr. Frederick Cushing, formerly of the State of Maine. The exemption of Dr. Douglas is to be ascribed to his having already had the disease. After conversing awhile on its symptoms and treatment, Dr. Watt and Dr. Fenwick conducted me to their respective hospitals, embracing six or eight hundred patients, where I took such a *coup d'œil* of the sick as my limited time would permit, examining, with some attention, a considerable number in every stage of the disease. From a necessity which the Canadian government, up to this time, has been unable to avert, all the sheds and tents are crowded to such a degree, that one can scarcely turn round among the sick. Men, women and children, in all stages of the disease up to dissolution, are huddled together, and lying in the same foul and infectious clothes with which they started from Ireland; and which, no doubt they had worn, without change, for weeks or months before. The quarantine officers must not be blamed for this, since the means of classification and personal cleanliness are not within their reach. As to nursing, it is evidently in the lowest degree. Nearly all the nurses from Quebec have sickened, and the immigrants furnish but few from their own body. Their sympathies for each other are manifestly small—either never had an existence, or have perished under the combined influence of famine and filth. Examples of the well members of a family refusing to wait on the sick, are familiar to all the medical gentlemen; and a total indifference to the death of nearest relatives, is witnessed every day. Following their remains to the grave, or in any manner assisting in their interment, is not thought of. But one idea seems to be present with them, that of getting up the river. A man who had recovered, on being asked by some one, whether he was going to Montreal in the next steamboat, replied that he wished to do so, but was afraid his wife would not die in time. The family of a young woman who was ill, *sent* to know how she was before they started. On being expostulated with, they said it was not worth while to stay any longer, as she would no doubt die. Mr. Barter, the apothecary of the hospital, who is now by my side, going to Quebec on official business, confirms all that has been told me by others, and adds, as the result of his own observation throughout the summer, that the living seem more pleased than grieved by the death of their friends. My own limited opportunities suggest the same unwelcome conclusion; for I saw no aspect of sorrow; but a stolid indifference, or inquisitive gazing, at what might be passing around, both in the crowds of convalescents, and in patients not very ill, who lay in the midst of the dying. It is painful to record this testimony against human nature; but we ought to know



to what depths of degradation large masses of people may be sunk by superstition, ignorance, bad legislation, famine and fever. The interests of political economy, religion and medicine, are equally involved in the contemplation of such revolting facts.

Quebec, August 28th.

Before and since my trip to Gros Isle, I have visited the Marine Hospital of this city (under the care of several of its most respectable physicians), where a great number of seamen are down with the fever, and near which there are extensive sheds, filled with sick immigrants. I have also been at the House of Correction, and in the Hotel Dieu, where I saw cases; and at the private hospital of Dr. James Douglas and Dr. Racey, in Beauport, a village three miles from the city, where I saw still more. Many of the cases I examined with care, and held conversations, more or less protracted, with a number of the medical attendants, among whom I may mention Dr. Morin, Dr. Racey, Dr. J. Douglas, Dr. Clark, and Dr. Fremont, whom I may unite with the physicians of Gros Isle, as the authors of what I am about to say on the history and treatment of the fever.

1. The pauper immigrants from Ireland, are its chief victims; but it also affects the Irish pensioners, whose means must have kept them above the minimum of diet to which the former had been reduced by the famine; finally, it invades the officers and seamen of the ships which bring them over, and the physicians and nurses who wait upon them after their arrival. A great number die on the voyages, and many arrive ill; but it has been observed at Gros Isle, that a large number are attacked soon after being landed. Others remain well, and are sent on to Quebec, where a portion of them are taken down, while others escape till they reach Montreal, or the towns above. When at Oswego, in the State of New York, on my way out, I saw a number of cases.

It affects men rather more than women, and adults more than children; hence it has multiplied the number of infants on the banks of the St. Lawrence, to an unprecedented extent. I have already mentioned the mortality of the physicians at Gros Isle, a seventh of whom have died. In the Marine Hospital of Quebec, nine or ten of the old nurses have perished, and others are disabled, so that there is not one now on duty who was there before the fever was introduced. In the sheds, both there and here, but especially there, the crowd of patients is so great, that one, as I have said, can barely turn round among them, and in several of them, men, women and children, are indiscriminately huddled together. As the government has not undertaken to furnish them with clothing, most of them lie in the foul and tattered garments which they wore during the voyage, and perhaps long before. Now whether the disease is propagated by a gas developed chemically, from the organic matter which surrounds them, or by a morbid, æriform secretion, from their bodies, we are at no loss to account for the sickness of physicians and nurses. On the question of its spread beyond the sheds and hospitals, I have sought

for information. The medical gentlemen with whom I have conversed, without a single exception, are of opinion, that it can be communicated by fomites, and cite instances of its appearing in families which had never communicated with any of the wards, but had employed those who had recovered from attacks. In the private hospital of Drs. Douglas and Racey, where there is cleanliness, free ventilation and ample space, very few of the attendants are attacked. On the whole, it appears to me that its mode of propagation should still be kept *sub judice*.

2. After seeing patients in every stage of the fever, and conversing with the gentlemen whom I have named, I may venture to give the following desultory account of its symptoms and progress.

Most of the cases are not seen in the beginning by physicians, and no reliable accounts can be gotten of them; but, on the whole, the majority seem to sicken gradually; and in reference to those who had been greatly reduced by famine, this is perhaps always the case. There are, however, many examples of sudden and violent invasion, followed by a malignant development, and death in a few days. In no instance does the chill become very intense, though it may be protracted; nor is the arterial re-action high. In some cases the latter, in fact, never manifests itself—the vital forces being inadequate to a rally. The pulse is never tense, and in the highest re-action always easily compressible; its frequency is increased, but not to a remarkable degree; it often becomes almost imperceptible, in those who ultimately recover. From the beginning the *primæ viæ* are more or less, but variously, disordered. In some there is nausea and vomiting; in all, loss of appetite, with thirst. Some are costive in the forming stage, and even throughout the fever; in others, there is a *precursory* diarrhœa; in the majority a *supervening* diarrhœa, or actual dysentery. I could not ascertain that there is generally a superabundant excretion of bile. The tongue, at the onset, is always covered with white fur, through which the red papillæ sometimes show themselves; in part the edges and tip of the organ show some unnatural redness, but in the greater number the natural colour is not exalted, but even reduced, so that the white fur seems to shoot out of a pallid membrane. At the same time the organ becomes broader and flatter, loses its elasticity, and receives indentations from the teeth, on which I seldom saw any sordes. Its moisture continues in a remarkable degree; it may be reduced, but not to the point of dryness; and the whiteness of the fur endures to a period equally late. The dry, contracted, mahogany tongue, of genuine typhus, often appears, it is true; but in numerous instances the moist and pale state of the organ continues up to the time of dissolution. The usual inequality of heat, between the upper and lower parts of the body, is common. I saw many patients in which the latter were cold, and some in which the former were decidedly hot, but great development of caloric is not, I think, a constant phenomenon. Delirium is more prevalent than coma. Many patients, during the night, when it is greatest, are restless, and even locomotive—becoming, the next day,



composed and of sound mind. Somnolency did not appear to me to be a conspicuous symptom. Headache is often present. Of the dull and red eye I saw much less than I had expected. A circumscribed flush of the cheek is frequent, but not universal. A bilious tinge of the visage occasionally shows itself. Subsultus tendinum is comparatively rare. I saw many who seemed to be almost in *articulo mortis*, and yet showed little or none of that symptom.

The skin shows various kinds of maculæ. In a few, genuine rose-coloured spots show themselves, but very soon assume a darker colour. In the majority, the spots are purple from their first appearance, and of every size, from ordinary petechiæ up to diffused ecchymoses—often bearing a close resemblance to *post-mortem* hyperæmias. In some cases the spots are hard, like wheals, and the seat of a sensation which leads the patient to scratch them, whereupon ulcers follow, which occasionally assume a sloughing character. Hæmorrhages from the nose are somewhat common, from the bowels and skin not quite so frequent; nevertheless, all the medical gentlemen have had cases of well-marked purpura hæmorrhagica, mixed up with the fever cases; and it may be safely affirmed, that in these immigrants, the blood, under the influence of a reduced or unhealthy diet, has become signally deteriorated.

When the fever assumes a protracted form, anasarcaous infiltrations into the cellular tissue of the lower extremities or the face, frequently take place. Suppurations, in addition to those of the skin just mentioned, are common. Those about the back and hips, may be ascribed to pressure; but others, occurring in glands, must be referred to the fever. Of these organs, the parotids suffer oftener than all the rest, and the discharge of pus, when they suppurate, is copious; such cases generally end well.

A supervening bronchial or pulmonary affection, is, on the other hand, ominous, and, as it frequently occurs, may be considered one of the modes in which the fever comes to a fatal termination.

But of all the secondary affections, that of the bowels is most frequent and fatal; though death may not occur for a considerable time after the febrile period has expired. This intestinal disorder seems to be a sort of mixed up diarrhœa and dysentery, under which the patient loses the original febrile symptoms, and, becoming extremely emaciated, gradually sinks. In some instances, this affection sets in during the fever—in others it is excited, in the period of convalescence, by irregularities of diet: in all, it is an ugly, obstinate, and unmanageable *addendum*. In the months of June and July, it was much less frequent than at the present time, when so large a proportion of the patients labour under it, as almost to constitute it a new act in the melancholy drama.

I have mentioned the nocturnal delirium of some patients, indicating an exacerbation at night; and may add to this evidence of periodicity, that in a few cases there has been a diurnal recurrence of the initial chilliness; the general character of the fever, however, is continued. I have spoken of cases which prove fatal in three or four days. They

are few in number; and the common duration is from two to three weeks, always excepting those which merge in diarrhœa or dysentery, when the end is quite indefinite.

When death is the consequence of cerebral pulmonary, hepatic or intestinal concentration, the reason of its occurrence is intelligible enough; but the majority do not seem to die from these lesions; and the cause of their dissolution is, *prima facie*, rather obscure. In every ward that I visited, I was surprised at the small amount of visible manifestation of dangerous disease; and, more than once, was prompted to say to the medical gentlemen, "I can't see why so many of your patients die." In wards from which many corpses were daily carried out, there would be but few who did not look at and after us; put out their moist tongues with facility, and make known their wants; yet many such patients die soon afterwards. Others die, when the physician has pronounced them convalescent—others after they have risen and dressed themselves, and crawled into the open air. Such deaths cannot be regarded as the effect of any particular organic lesion, but of a stage of exhaustion or collapse, bearing some resemblance to the third stage of yellow fever, or the recurring chill of a malignant intermittent in the South West; but more, perhaps, to the fatal stage of epidemic cholera.

After this imperfect, but, I believe, not unfaithful sketch of the history of this fever, I must proceed to its cure.

3. It is a maxim with the physicians of Gros Isle and Quebec, that a great amount of medication is inadmissible in this malady. Scarcely a patient is ever brought to them while the fever is still in its forming stage, so that there are but few opportunities of knowing whether art could arrest it in that stage. Once established in the system, the general opinion is that it cannot be cut short. The treatment, then, is merely palliative and corroborative.

By all the physicians, in almost every case, the lancet is repudiated, even when the patients are commanders of ships, and seamen, in whom famine had not preceded the attack. Local bleeding is almost as little employed, the majority of the physicians preferring counter-irritants, when the brain or the lungs are affected.

Emetics are prescribed by some, who speak well of their effects; but others think they predispose to congestions of the brain. It has not been observed by any that they break up the disease.

All employ cathartics; but the kinds, and the degree of their administration, present considerable variety; into which, however, I shall not enter, as drastic or long-continued purging is condemned by the whole.

Of sweating I can say nothing, for the patients, generally, are placed under such circumstances as preclude a resort to it.

A standard, or standing, febrifuge mixture, at Gros Isle, as given me by the apothecary, Mr. Barter, is the following:—R. Sod. et pot. tart.,  $\mathfrak{z}$ ij.; liq. ammon. acet.,  $\mathfrak{z}$ jss.; spt. ether, nitr.,  $\mathfrak{z}$ ss.; aquæ commun.,  $\mathfrak{z}$ xij. Misce. Another is composed of the camphorated mixture, tincture of hyoscyamus and tartar emetic.



Some of the medical gentlemen attach but little value to this class of medicines, and rely, during the more acute stages of the fever, chiefly on free dilution; but advise against the addition of acids, as likely to irritate the bowels into diarrhœa.

Opium is not in much favour in any stage of the fever. At a comparatively early period, some physicians commence the administration of wine and aliment, a practice condemned by others, as dangerous to the brain; but all concur in this, that sooner or later, and sometimes quite early, there comes a pathological condition which demands prompt and energetic stimulation. In this resort a choice of means is not to be neglected. Of the whole materia medica, camphor is the most reliable. It is given in doses of ten, twenty or even thirty grains, and often arrests the sudden sinking of the powers of life, and determines a speedy recovery. At the same time alcoholic stimulants, sulphate of quinia, food and sinapsims are employed.

For the diarrhœa and dysentery, the cretaceous mixture, hydrarg. cum creta, astringents, and diluted nitric acid, with laudanum, are the usual prescriptions.

MONTREAL, September 3d.

A large number are sick in the sheds at this place; attacked, of course, after they had left the quarantine ground. A great proportion of them are said to have dysentery. The deaths are numerous. The fever, here, is by no means confined to immigrants, but has invaded the city, and added greatly to its ordinary summer mortality. Its victims, however, are largely of that class which, living near the wharves, received and mingled with the immigrants, before sheds were provided for their reception. In conversing with several of the most intelligent physicians here, I find the treatment to be substantially the same as at Gros Isle and Quebec; but latterly, as Dr. Badgely informed me, increasing reliance is placed on nitric acid. He uses the following formula:—R. Acid nitr. ʒj.; alcohol, ʒiv.; aquæ ʒiv. Misce. An ounce is to be given every hour, beginning early in the disease, and without much preparation of the system. Under its administration, he and other gentlemen have, as he assured me, seen the pulse rapidly reduced in frequency, with a corresponding abatement of all the febrile symptoms.

When at Gros Isle I inquired as to *post-mortem* inspections, and could hear of only two. They were made by Dr. Watt, who found the liver engorged, and, as he believed, fatty. The state of the organs convinced him that the one mentioned suffered more than any other, which led him to prescribe purges of calomel and gamboge. In Quebec I could not learn that any dissections had been made. In this city Dr. Fraser has published, in the July No. of Dr. Hall's valuable "British American Journal of Medical and Physical Sciences," a short paper, in which he says:—

"The morbid appearances found on dissection, are venous congestion, with effusion of serum on the surface, in the ventricles, and base of the brain, but no trace of active inflammation. When the case has been complicated with bronchitis, I have found the bronchial

mucous membrane throughout, tumid, swollen, highly vascular, and containing much mucus; the vascularity extending to the submucous tissue, with congestion and partial hepatization of portions of the lungs. When diarrhœa has existed, the small intestines, especially the lower portion of the ileum, has presented the appearance of active congestion of its mucous coat, which was slightly thickened, without being softened; some patches had the appearance of sanguineous extravasation, not unlike the maculæ observed on the skin. When the patient had a jaundiced appearance, a common occurrence in this epidemic, I have found the liver enlarged from congestion, presenting a bloody and bilious appearance when cut into, and the gall-bladder distended with inspissated bile, thick enough to maintain its form when deprived of its covering. When there has been only a slight bilious tinge of the skin and conjunctivæ, the liver presented the same appearance in a less degree, the bile in the gall-bladder being about the consistence of treacle."

Dr. Fraser does not tell us how many autopsies he had made; and we cannot but regret that so little has been done, where the opportunities are so great. It may be given in extenuation, however, that the physicians in attendance are overworked, and that many of them have been ill with the fever.

I have no time to give you the statistics of this disease, had I been able to collect full data. The number of deaths, in proportion to that of the cases, never will be known, as nearly every form of disease in the immigrants goes very much under one name. I may say, in general terms, that the mortality has been, and still continues, very great. Take the following as specimens. At Gros Isle, for the week preceding the 24th of August, the number of patients averaged more than 2,000, and the deaths amounted to 288. In the Marine and Emigrant Hospital of Quebec, the average for the week ending the 21st of August was about 850, the deaths 166; to which might be added 34 said to have died of dysentery, a sequel of the fever. The Montreal returns would be about the same; and present, in the aggregate, about 100 deaths a day at the three places. At Gros Isle alone, up to the 20th of August, the deaths had amounted to 2116. The disease had then prevailed about three months. A portion of them, however, have resulted from smallpox, which has prevailed to a considerable extent on the island, and more or less, I believe, in Quebec and Montreal, certainly in the latter, where I saw it in the General Hospital.

The British government have lately made an effort to arrest the fever by disinfecting agents. Dr. Stratton, of the Royal Navy, but sojourning in Upper Canada, has been commissioned to this enterprise, and arrived in Quebec while I was there. He was advised that two agents would be forwarded to him. One proved, on opening the package, to be Sir William Burnett's patent disinfecting fluid; the other, a small bale of dresses for a lady! which had been forwarded from Halifax (by mistake) instead of Ledoyen's disinfecting fluid. The former (of which Dr. Stratton kindly presented me with a small



vial, which I carry in my trunk as an amulet) is said by the medical gentlemen of this quarter, to be a solution of the chloride of zinc. The latter, according to Dr. Hall, is a liquor of nitrate of lead. When I left Quebec, arrangements were making for experiments in the Marine Hospital, but its physicians seemed to think lightly of the practical value of such measures. When I was at Gros Isle, Dr. Douglas, the Quarantine Physician, sagaciously remarked, that the proper place for such experiments is an emigrant ship on her voyage.

In conclusion, I must beg of you to correct at least the grosser blunders of style, which are unavoidable in the circumstances under which I have written this most hurried epistle. With all its imperfections, it may, however, be of some interest to such of your readers as may not have seen much of what may have been written by others on the Irish epidemic; and in that conviction I dismiss it, by subscribing myself, very respectfully,

Your ob't servant,

DAN. DRAKE.

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*Massachusetts Medical Society.*—A quarterly meeting of the Counsellors of this Society was held at the Masonic Temple on Wednesday last, the day the Journal is published, which precluded the possibility of inserting even a synopsis of the transactions in that No. There has not been so many Counsellors together at an ordinary business meeting within the compass of our recollection. The circumstance even quite astonished one gentleman, who expressed his surprise, and exclaimed—"Mr. President, what is the meaning of this unusual congregation? Is there some design in it?" Dr. Howe, of Billerica, contrary to an impression abroad, took the chair, having withdrawn his letter declining the honour of the presidency. A long and unnecessarily tedious debate occurred in regard to a short report from the delegates of the Society to the National Medical Convention. Closely upon that, another came upon the tapis, which would have been admirable in a legislative body, where the object was solely to occupy the time in order to keep off another subject.

Everything else having been satisfactorily disposed of, Dr. Childs, of Pittsfield, introduced the following resolution:—

"Whereas, The great object of medical association is the advancement of medical science, and the promotion of harmony and good feeling in the profession, thereby contributing to the best interests of society—and whereas the present organization of the Massachusetts Medical Society does not fully meet these important objects—therefore, *Resolved*, that a change in the organization of the Massachusetts Medical Society is in our opinion deemed both wise and expedient—and that the change consist in making the basis of the State Society, local or county associations; in other words, having the State Society constituted by delegates annually chosen by the county associations, agreeably to the principle adopted in the States of Connecticut, New York, Vermont, Ohio, and in most of the States in the Union."

Its introduction was like sending a fire-brand into a magazine of wet powder. There was no sudden explosion, but a general movement on the surface. By little and little, the ignition extended, and

such a warming up of the quiescent old furnace has not occurred in that sedate circle for many a day. The Counsellor from Berkshire expressed himself with an unusual degree of energy and eloquence. Even those who most staunchly opposed the measures advocated by him for a re-organization of the Society, so that the profession in the western counties may profit by the association, admitted that the speaker was a man of strength, who pleaded his cause with commanding force and dignity. We shall not detail the various propositions for throwing overboard the petition for a remodelling of this venerable institution, which has, for a period of sixty years, conducted so many physicians and surgeons in peace, security and respectability; nor advert to the cogent and ingenious arguments urged upon the Council in favour of the scheme. After a protracted, as well as excited session, an unmistakable evidence of impatience being manifested by those wishing to take the afternoon cars, as well as by another division accustomed to dining before tea-time, a large committee was raised, to whom the subject was referred, and a report may be expected at the next meeting in February, when, it may safely be predicted, the Council will again be well attended.

Drs. Jeffreys of Boston, Peirson of Salem, Walker of Boston, Bartlett of Concord, and Childs of Pittsfield, were the prominent speakers on this exciting question. While some regretted, in private conversation, the introduction of this apple of discord, others were delighted with the discovery that there was some excitability in what they had doubtless considered as dry bones.

When the Berkshire gentleman memorialized the General Court the past winter, and stated sundry grievances, such as the local wants of the members residing at a distance from Boston, and also the noticeable fact that about one hundred regularly-educated physicians, in western Massachusetts, could not become members of the Society in its present imperfect condition, the petition was very summarily put under the table, or, what was equivalent thereto, disregarded by the committee, which aroused the Æsculapian blood on the sun-setting side of the Berkshire hills, whose excited members now seem disposed, like General Taylor, never to surrender.—*Boston Med. and Surg. Journal*.

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*Case of Poisoning by Vinegar.* By A. H. DAVID, M. D., Montreal. —Poisoning by acetic acid is so uncommon an occurrence, I have to request a small portion of your valuable columns for the details of a case I met with a few days ago; in which the patient—a widow woman, with four children—took, as near as I could ascertain, a quart bowlful of common vinegar. It appears that she had been dull and low spirited for two or three days previous, in consequence of the neglect (as her friends suppose) of a person from whom she had received the most marked attention, and to whom she had been attached prior to her marriage with her late husband. When I saw her, about three hours after she had taken the vinegar, she was in bed,



covered with a cold perspiration, and trembling from head to foot, and apparently alarmed at everybody and everything about her. Her breathing was very laborious and hurried; her countenance perfectly wild, and the pupils dilated; the tongue was dry and cold; pulse ninety-six and full: the abdomen much distended, with extreme acute pain at the *scrobiculis cordis*, so much so, that the slightest pressure there caused her to shriek out. She did not know any one about her, not even her own children, nor had she any recollection of anything that had happened from the time of taking the vinegar, which was about 11 at night, not even of her having gone to bed, which she was the last in the house to do. About 1 o'clock the inmates were all awakened by her shrieking for cold water, of which she had drunk an enormous quantity before I was called to see her. There was not any pain, heat, or constriction of the throat or fauces, but there were slight efforts to vomit. Having procured some sulphate of zinc, I gave her two scruples in a cup of water, which soon produced full vomiting, with great straining. I had then to leave her, but ordered full and repeated doses of carb. magnesia, till I could see her again, which I did about six hours after, and found her much relieved, and only complaining of headache, which left her after the operation of a dose of castor oil. Two days after, she was taken ill with a slight attack of continued fever, but is doing well.

I should mention that the quantity she threw up from the effects of the zinc was very great, and smelt strongly of vinegar, which she still perseveres in saying she did not take, although she was seen with the bowl filled with it in her hands by some of the family, when they were retiring to rest, she maintaining that she used the whole of the vinegar in bathing her head. However, I think we have strong presumptive evidence against her having so used it, and are justified in concluding that she took the whole of it.

The only case of poisoning by acetic acid that I have been able to find, is the one related by Orfila in the *Annales D'Hygiene*, and quoted by both Beck and Christison. The experiments instituted by Orfila prove that common vinegar, in large quantities, was found destructive to dogs when vomiting was prevented.

Taylor, in his work on Medical Jurisprudence says, "Acetic, citric and tartaric acids are not commonly considered to have any poisonous action on the body. At least, as far as I know, there is no case reported of their having acted injuriously on the human subject; and he is the only modern writer on medical jurisprudence who takes any notice or makes mention of acetic acid.—*British American Journal of Medical and Physical Science*.

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*Nephritis from Calculus. Simulating Cancer of the Stomach.*—A Captain of infantry entered the Hospital of Val-de-Grace, under M. Champouillon. For seven years, this officer, of a sanguine and robust constitution, had complained of pain in the epigastrium, increased during digestion, and attended with vomiting after a tolerably full meal. For these sufferings the patient consulted numerous physicians,

all of whom spoke of gastralgia, of chronic gastritis, and consequently prescribed for him repose, baths, and a vegetable and milk diet. This regimen always produced a notable amelioration of the symptoms, so as to give the patient the idea of recovery. However, a new and final relapse occurred at the end of March, and the captain determined to enter the hospital, which he did on the 7th of April. The vomitings were then very painful, and almost continual; the belly was distended; the feet and hands presented a moderate amount of serous infiltration. Leeches were applied to the epigastrium, and ice placed on, and which was also taken internally, with morphia. The vomiting was by these means suspended for a few days, and then returned. The tongue, previously dry and brown, began to be moist and white. The matters vomited, at first white and glairy, became on the 12th of April, of a blackish colour. On a microscopical examination, they were found to be composed of mucus, and of a granular matter, which M. Millon recognized as blood-discs, altered in form. On the 13th, a consultation was held. The physicians present attempted in vain to percuss the epigastric region. The abdomen, always distended, prevented a manual examination, and the slightest pressure also caused the most severe pain. This circumstance, coupled with the nature of the matters ejected, and the straw yellow tint of the countenance, gave rise to the opinion that, instead of chronic gastritis, there was cancer of the stomach; and this opinion was strengthened by the fact, that his mother had suffered from cancer of the womb. Ice and opium were given; but the vomiting persisted till death, which occurred on the 16th. A post mortem examination was made the next day. The mucous membrane of the stomach was found slightly injected towards the great cul de sac, but appeared elsewhere quite healthy. The intestines, liver, and spleen, presented no pathological lesions. The kidneys were very large, imbedded in a layer of compact cellular tissue, to which they were firmly adherent. The cortical substance, considerably atrophied, was of a decidedly black colour. Each kidney enclosed a calculus of lithate of ammonia, rugose and mamillated, and of the size of a pigeon's egg. Several smaller calculi were contained in the pelves of the kidneys.

Here, then, was a complete error in diagnosis. The symptoms were such as might, with the greatest probability, be referred to cancerous disease of the stomach, with ulceration. In forming the diagnosis, no aid could be drawn from a manual examination of the epigastric region, and from palpation; but the same thing may happen in cancer of the stomach. M. Champouillon, indeed, in making his examination, and pressing on the lateral and posterior region of the abdomen, had excited acute pain. This pain, coinciding with the œdema of the extremities, and the frequent vomiting, at once led him to suspect nephritis from calculus, or with albumen. Consequently, he examined the urine of the patient to detect albumen, or an excess of lithic acid; but the re-agents employed gave no indications of either; and moreover, the patient never having complained of pain in the lumbar region, or of any derangement in the functions of the



kidney, the idea of renal disease was given up.—*Dub. Med. Press, from the London Lancet.*

*Pathology of Elephantiasis.*—M. Cazenave has now under his care, at the Hospital St. Louis, a case of elephantiasis affecting the entire right leg. The thigh is so enormously distended, that its circumference surpasses that of the woman's body suffering with it; but with this increased size there is no deformity. The leg, on the contrary, is not only enlarged, but deformed, presenting hard, projecting masses, extending down to the instep, and the foot is also large and deformed. According to M. Cazenave, this elephantiasis of the Arabs, consists in a pure and simple hypertrophy of the affected parts—hypertrophy peculiar so far as it is connected necessarily with inflammation of the lymphatics. Ordinarily, and such has been the history of the present case, the disease commences suddenly, by a sharp and deep-seated pain along the course of the lymphatic vessels, which are soon transformed into hard, knotty cords; the limb then becomes the seat of an erysipelatous inflammation, which disappears, but this only for a time, being again reproduced and continuing for a greater or less time. This state of things may go on for several years. The cellular tissue is consecutively inflamed, and a more or less considerable tumefaction is set up, which augments at every fresh outbreak of the disease. Although tolerably soft at first, and, as it were, œdematous, the swelling at length gets hard, and resists the impression of the fingers. It is then the knobs or lumps make their appearance, and which produce the characteristic deformity of elephantiasis, knobs which will extend onwards to the feet or hands, (according as the legs or arms are affected,) and are sometimes separated by deep circular fissures, the whole accompanied by the normal colour of the skin, or by a duller whiteness than is seen in the healthy state. The soft tissues alone are affected, unless the disease is of very long standing, and the deep fissures have degenerated into wounds and ulcers, which may bring on consecutive disease of the bones. It is very peculiar that elephantiasis is observed much more frequently in the lower extremities than in the upper. However, there was a case some years since under M. Sanson, at La Pitié, of a very bulky elephantiasis affecting a woman's right arm.

It is a difficult matter to determine the treatment to be adopted. In M. Cazenave's patient, compression has been tried by means of a wide bandage, with agaric placed under it, at places much tumefied. Internal medicines, as mostly happens, have proved quite ineffectual. Since the compression has been employed, certain parts of the limb have notably diminished in volume, although a perfect cure cannot be hoped for, on account of the old standing of the malady, and the enormous degree at which the swelling has arrived.—*London Lancet.*

*Influence of Quinine on the Volume of the Spleen in Ague.*—M. Valleix, physician of the Hotel Dieu, has directed his attention to the action of the sulphate of quinine on the volume of the spleen in inter-

mittent fever. He has done so to test the accuracy of a statement made by M. Piorry, that the disappearance of the paroxysm coincides with the diminution of the volume of the spleen; that this organ sensibly diminishes in thirty or forty seconds after the administration of a full dose of quinine, in solution, and acidulated; that the diminution goes on very rapidly if the quinine be continued in a sufficiently large dose. M. Gouraud having examined into this matter, however, states that he has not found the spleen thus diminished, but that, in consequence of an accumulation of gas in the stomach, from the ingestion of the quinine, the left hypochondrium is rendered sonorous, and the dulness over the spleen becomes masked. These opposite statements M. Valleix has kept in view in making some fresh observations. He narrates a case, and its course; quite a simple case of ague, occurring in a young and robust man, who had never suffered before. It was a recent case, and there were no evidences of organic disease in any organ: the spleen had undergone very considerable enlargement, being readily perceived through the abdominal wall, and therefore its size could be estimated with the greatest precision. The sulphate of quinine, although given in a very strong dose of thirty grains, and acidulated, so as to render the salt a bisulphate, did not act as represented by M. Piorry, on the volume of the spleen, neither at the end of forty seconds, nor of twenty minutes, nor even of twenty-four hours. The medicine also had no such power when given in still greater quantity, but divided, during the day, into several doses, and continued on succeeding days. But after the application of cupping-glasses and leeches over the splenic region, the volume of the spleen, on the contrary, diminished rapidly, although the dose of quinine was abated. Lastly, notwithstanding the persistence of the splenic engorgement, the fever was cut short, and there was no trace of a recurrent paroxysm.

Another equally uncomplicated case occurred to M. Valleix, and the same method being tried, was attended by the same results. It must, however, be mentioned, that three days after the first dose of quinine, a slight diminution of the spleen was noticeable; but this little decrease, which perhaps, too, was partly owing to a bottle of eau de Vichy which the patient took, was lost sight of when compared with the rapid diminution which followed two days afterwards, when cupping-glasses were applied over the spleen, and which continued to go on. In this case, also, as in the preceding, although the enlarged spleen remained, the fever was removed.

The third case differed from the two preceding, in that it was of older date; but there was no essential difference in the effects of the treatment. The spleen remained unaffected in size during the first day, when quinine alone was given; but quickly decreased after local bleeding, although the dose of quinine was lessened. The fever was removed before the engorgement of the spleen had subsided.

Thus these observations contradict the assertions of M. Piorry, both as to the coincidence of the disappearance of the fever and the decrease



of the spleen, and as to the immediate and prolonged influence of quinine in diminishing the splenic congestion. M. Valleix also confirms the observation of M. Gouraud as to the formation of gas in the stomach upon the quinine being swallowed, augmenting the resonance over the left hypochondrium, and so hiding the dulness over the solid spleen beneath to a slight extent; not so much so, however, but that palpation and percussion will readily detect the engorged organ.—*Ibid.*

*Suicides in France.*—The report of the criminal justices of France, for the year 1845, contains the following details respecting the frequency of suicide, the means employed, and the motives. Of the number of deaths of the cause of which there has been suspicion, 11,049, there have been 3084 by suicide. The number of suicides in 1845 exceeds by 111 that of 1844, and by only sixty-four that of 1843. Of the 3084 suicides, 2332 were males, 725 females. Sixteen of the males and four of the females had not attained their sixteenth year; and among the number we find children of seven, eight, and ten years of age; 123 were between sixteen and twenty-one, 462 between twenty-one and thirty, 1201 between thirty and fifty, 945 between fifty and seventy, 203 between seventy and eighty, and forty-one above eighty. If we look to the relative number of suicides in the different months, we find 922 during the three summer months, June, July, and August; 861 during the three months of spring, March, April, and May; 756 in the three autumnal months, September, October, and November; lastly, only 545 in the three winter months, December, January, and February. The most common modes of suicide are hanging and drowning. 1110 suicides had recourse to the first of these ways, in 1845; 995 to drowning; 432 despatched themselves by firearms; whilst 213 asphyxiated themselves by the vapour of charcoal; this last named plan is most common in the Department of the Seine. The motives of suicide resemble those of other years: crosses in love, jealousy, the consequence of debauchery, misery, reverses of fortune, domestic troubles, the desire to rid themselves from physical sufferings, are the most common—*Ibid.*

*Sanitary Measures in Egypt.*—The Egyptian government, to give the fullest effect to quarantine regulations, has ordered the number of European and Arab physicians to be doubled throughout the country. Until the present time, there was one Arab and one European physician to fifty villages. Now there are to be four for the same locality, and this number may be increased when they are procurable. At the school of medicine at Cairo, the number of pupils has been doubled, as also the class of inferior medical officers. Such a demand for medical men in Egypt surely offers an opportunity to some of our over-numerous body to exercise the healing art in that country, and in a more profitable manner than they can hope to do at home, under the tender mercies of Boards of Health and Guardians, who

consider five shillings per diem ample pay for any amount of toil, and any risk of life.—*Ibid.*

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*Election by Concours.*—It is stated, that the three Faculties of Medicine, of Paris, Montpellier, and Strasbourg, have given their voices, in answer to the request of their opinion, made by the Minister of Public Instruction, in favour of the maintenance of the election to vacant professorships by concours. The French Reform Bill just passed the Chamber of Peers, annulled the mode of election by concours for professorships, which had existed for some years, and it is on this ground that most of the opposition to the Bill is raised by the French profession.—*Ibid.*

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*On the Internal use of the Nitrate of Silver.* By MR. RICHARD SOUTHEE, Cambridge.—The nitrate of silver being much more frequently prescribed than heretofore, it may not be uninteresting to some of your numerous readers to learn that the discolorization of the skin is not of that frequent occurrence generally supposed; in fact, large and repeated doses may be given without producing such effect. In the year 1831, when the cholera raged to a frightful extent at the port of St. Petersburg, I ordered it in grain doses in every case of collapse, and frequently repeated the same quantity every quarter of an hour, without in one instance discolouring the skin. This remedy was mentioned as being very successful, in the report of the Government Commissioners, Drs. Russell and Barry, at the time; and I know of no medicine capable of producing reaction with so much certainty, though this sometimes was sudden and violent, requiring the immediate use of the lancet; and in several cases the inordinate excitement was difficult to suppress, but no discolorization followed.—*London Medical Times.*

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*Congenital Imperforation of the Urethra the whole depth of the Glands.* By E. WHITEHEAD, Surgeon, Dakinfield.—Mrs. B. gave birth to a male child on Christmas eve, 1846. I called the following day, but no remark was made. Being a distance of a mile and a half, I omitted visiting on the second day, but intended doing so on the third. However, early on the morning of my intended call I was hastily summoned. On my arrival, I found the infant screaming vehemently, and apparently in great pain. Upon inquiry, I was informed its bowels had been moved repeatedly; but the nurse could not say it had ever passed any urine. Upon examination this was verified, the glans penis being imperforate; bladder considerably distended. Not having my pocket-case with me, I ordered the little sufferer to be brought to my house, where, assisted by my friend Mr. Hunt, surgeon, of Ashton-under-Line, an opening was made with a lancet in the place where the orifice of the urethra is usually situated, and an attempt made to pass a probe; the lancet and probe were again used, but without success.

The incision was then carried through the inferior length of the glans, upon which urine escaped freely. Not the slightest vestige of



an opening could be found in the glans other than the one made by the operation, which was allowed to heal. The artificial outlet now supplies the place of the natural one.—*Ibid.*

*Case of Strangulated Inguinal Hernia, reduced on the New Method recommended by Dr. Andrew Buchann, Professor of Institutes of Medicine in the University of Glasgow.* By ARCHIBALD WALLIS MACKIE, Cupar, Fife.—G. M., aged seventeen years, railway labourer, of a stout habit of body, and enjoying previous good health, whilst employed lifting some heavy railway sleepers on Friday last, felt something to give way at the lower part of his abdomen. The patient was unable to walk, and was carried to a neighbouring house, where he remained till next day, when he was conveyed to his father's residence, a distance of eleven miles. I was called to visit him on Sunday morning, and on examination found a tumour the size of a hen's egg, situated in the right iliac region, the general characters of which led me to conclude that it was a case of strangulated oblique inguinal hernia. The patient had not had his bowels opened since the morning of the accident. I ordered him an enema, and, after waiting till it was expelled, I applied the taxis, but unsuccessfully; I then had recourse to the usual remedies adopted in such cases, but without any effect. I bethought me of the plan recommended by the talented Professor of Physiology in the Glasgow University, and I was glad to see my efforts crowned with success. The mode is very simple. I placed my patient on his back, flexing the thighs on the pelvis, and putting the muscles of the abdomen in as relaxed a condition as possible. I then desired the patient to empty his lungs of as much air as possible, and having an assistant at hand, who immediately held his nose and mouth to prevent inspiration, I applied gentle pressure over the tumour in the proper direction, and had the satisfaction to feel it give way, and, as it were, *draw up* into its natural cavity.

The *rationale* seems to me to be, when the lungs are emptied of air, the diaphragm is, as it were, sucked up to fill the diminished thoracic cavity; it (diaphragm) exerts a tractile power over the floating viscera of the abdomen, and draws the protruded intestine upwards—naturally *assisting*, if not altogether accomplishing the reduction of the hernia.

Such is the mode, I conceive, in which the reduction is accomplished; and I have no doubt that, in addition to the mechanical influence, the temporary suspension of the breathing must have a powerful sedative effect, and consequently a relaxing influence, on any part morbidly constricted. Before operating I would always give this plan a fair and impartial trial, and I am confident, if practitioners would adopt this method, they would have the satisfaction of relieving their patients, and thus averting the dangers of a painful and often fatal operation.—*Ibid.*

*Typhoid Fever and Smallpox.* By M. SERRES.—On a former occasion we mentioned the treatment which M. Serres considers most

efficient in typhoid fever, viz., the black sulphuret of mercury; and, also, how the profession was led to adopt this method, from the good effects of mercurial preparations on the eruption of smallpox. In another communication to the Academy of Sciences the learned professor continues the same subject.

The intercurrent affections, says M. Serres, two diseases progressing at the same time in the same individual, each preserves its physiognomy, its special characters, although the intimate nature of both may have undergone a considerable modification. The most severe of the two almost invariably communicates its gravity to the other, and diminishes if it does not destroy the chances of recovery. In the treatment, therefore, of intervening disorders, the most dangerous must exclusively occupy the attention of the therapist; in order to judge a curative method, it should be put to the test of these intercurrent affections, and to this test I have submitted the method I propose for the cure of typhoid fever; and have chosen the most severe complication—variola. The dangers of confluent smallpox are known to all; vaccination has considerably diminished them, but within certain limits. Thus, at the Hospital of La Pitié, during the epidemic of 1825, out of 162 vaccinated subjects attacked by the epidemic, twenty-five died. From the statistics published by Dr. Bousquet, it appears that in the thirty epidemics of smallpox observed in France between the years 1816 and 1841, 5963 vaccinated persons were attacked, and sixty-two died. Analogous results have been noticed in England, Germany, Italy, and Sweden. This revival of smallpox was attributed to the inefficiency of vaccination—a conclusion which we consider erroneous: "It is," continues M. Serres, "to the influence of intercurrent disorders that this impotency of vaccination to prevent variola should be attributed, and chiefly to typhoid fever. During the epidemic of 1825 we were struck principally by two facts: the first was the progress of the pustular eruption, which was the same in the vaccinated subjects as in those who had not been vaccinated; and the second was the presence in the intestines of the facial characters of typhoid fever. The epidemic, in one word, was double; it was at the same time variolic and typhoid. The mortal influence of typhoid fever in cases of smallpox has appeared to us still more evident in cases of non-vaccinated patients. We may ask ourselves if, before the discovery of vaccine, the interference of typhoid fever was not one of the great elements of the danger of variola; and we will find in the symptomatic history of ancient epidemics abundant proofs that such was the fact. Typhoid fever is not, therefore, a new disease, but smallpox and typhoid fever were, perhaps, coeval: the cutaneous eruption of the former struck more forcibly the observer, and concealed the complication. It would seem that, after Jenner's discovery, variola was in a great measure arrested, and typhoid fever, being unmasked, was at last recognised." After having established that in most cases the complication of typhoid fever was the principal source of danger in cases of smallpox, the learned professor proceeded to say that he had watched attentively the effects of the black sulphuret of mercury in such cases, and that, in proportion



as the medicine relieved the symptoms of the typhoid fever, it also weakened the violence of the smallpox.—*Ibid.*

*Antidotes of Arsenic.*—Insoluble salts of arsenic, after remaining a certain time in the stomach, are at last absorbed, and act as violent poisons. The cause of this fact is to be found, according to M. Caventou, in the presence in the stomach of a certain quantity of muriate of ammonia, by the action of which the arsenical preparation becomes soluble. In order to ascertain the different degrees of facility with which the muriate of ammonia dissolves the arsenites of lime, of magnesia, and of iron, M. Caventou instituted experiments, the result of which was to prove that the arsenites of lime was readily dissolved in 115 parts of a saturated solution of muriate of ammonia, the arsenite of magnesia in 330 parts, and the arsenite of iron in 600. Consequently the hydrate of sesquioxide of iron is the antidote which will resist for the longest time the dissolving action of the gastric fluids, and which it will be most proper to exhibit in the first place in cases of poisoning by arsenic.—*Ibid.*

*Hair, Wool, Rags, and Thread expelled in a Mass from the Rectum.*—Mr. Edward Spry, of the Royal Cornwall Infirmary, recently read, at the annual meeting of the South Western Branch of the Provincial Association, an account of the cure of a young woman, aged sixteen, who voided with excessive pain two large lumps of foreign matters—the first about the size of an ordinary pullet's egg, the second larger and longer—much compressed and very hard, having a thin albuminous coating which served to conceal the character of the contents of the lumps until forcibly separated. After being washed they were found to consist of dyed wool of various colours; of thread, of worsted, and of cotton and linen rags, all compactly fitted together, and weighing one ounce and four drachms. The patient had never from infancy enjoyed a good state of health, complaining of severe pain in her bowels. In September, 1846, when first attended by Mr. Spry, there was a considerable swelling just below the margin of the right ribs, and occupying the whole of the right hypochondrium. This tumour had a well-defined edge extending towards the epigastrium, and firm pressure on it occasioned pain. There were occasional vomitings. After the evacuation of the foreign substances, she steadily improved in health, and appears a fresh-coloured girl. It appears that this patient has no recollection of swallowing any part of the matters evacuated, but her mother stated that when a child learning to walk she would get at the seat of a settle in the kitchen, by the edge of which she held, and that the children often amused themselves by turning over the contents of a box in which old rags of all sorts were deposited; and that then the child must have swallowed the substances which after the lapse of many years were voided by the rectum.—*Ibid.*

*Anencephalous Births.*—Dr. Simpson states that, in his opinion, in anencephalous monsters the malformation arises from intra-uterine

disease, viz., from the bursting of the head when hydrocephalic. The brain is opened up and distended by fluid so that it becomes gradually absorbed; at length the enclosing membrane gives way. The two small tubercles, always seen in anencephalous cases lying on the base of the cranium, seem to be nothing else than the remains of the membranes, shrunk up and almost obliterated.—*Ibid.*

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*On the Recent Differences of Opinion as to the Cause of Scurvy.*  
By ANDREW ANDERSON, M. D., one of the Surgeons to the Eye Infirmary, Glasgow.—I have no intention of describing this disease. There has come under my notice but one fact in its history which I believe to be new: the occurrence of well-marked scorbutic amaurosis, and its cure by lemon juice. On this, however, I shall not at present linger, my object not being to fill up the history of scurvy, but to offer a very few remarks upon its cause.

Dr. Christison, in his interesting paper in the Edinburgh Monthly Journal (June, July, 1847,) proves that scurvy can, in certain cases, be cured by adding milk to the food, and concludes that fluid to be anti-scorbutic in virtue of the casein which it contains.

This opinion at once struck me as being at variance with that usually held; and, thinking that I could reconcile the two, I drew out the substance of the following remarks.

Since then, it has appeared that Drs. Lonsdale and Curran (Edinburgh Monthly Journal of Medical Science, and Dublin Quarterly Journal, for August, 1847) have, as I did, thought Dr. Christison partly in the wrong, and advanced proof that milk is not essentially, or at least not in all cases, anti-scorbutic. But as neither of these gentlemen has given that explanation of the matter which occurred to me, I venture to submit it still.

Dr. Christison's *observation* is, that in the Perth prison, scurvy broke out from treacle having been substituted for milk in the prisoners' diet, and that it disappeared when milk was given. He found that there was no deficiency in the mere quantity of solid food provided to them, and none in that of its nitrogenous elements; but that (excluding gluten, which has been proved to be, when taken alone at least, not nutritious) there was in the food a marked deficiency of *nutritive azotised matters*,—viz. fibrin, albumen, and casein.

His *deduction* is, that it was the want of these which caused the scurvy; and that it was by supplying such matter, in the shape of casein, that milk proved anti-scorbutic.

Now in the first place it must be obvious to all, that this doctrine will not account for every outbreak of scurvy, or explain every cure; for it is notorious that lemon juice, without a drop of milk, or any nitrogen, has prevented and cured the disease in instances quite innumerable. But the question is, may not scurvy be the offspring of different causes, and owe its origin now to the absence of fresh vegetables, and again to that of nutritious azotised food?

It seems to me that this must be answered in the negative; and that it is not very difficult to reconcile the opposite opinions, and to



show how lemon juice and milk may both, and both in one way, be anti-scorbutic.

Briefly to recall facts, we know—

1. That it has been proved by authors, that while any debilitating and depressing agency may predispose to scurvy, its essential cause is improper food.

2. That food, to support human life, must contain fibrin, albumen, or casein—it signifies not whether they be of animal or of vegetable origin : and that to provide sufficient fuel for maintaining animal heat, non-azotised substances must in general be added, no matter whether they be amylaceous, saccharine, or oily.

3. That if nitrogenous food be absent, the body cannot be nourished, give as much of the other as you choose ; and that if the latter be withheld, and the former taken in quantity sufficient to supply carbon to the oxygen absorbed, the system is apt to get loaded with superfluous nitrogenous matter, and gout, or worse, may follow.

But how is it that, both being given, the blood, if they alone be given, still becomes depraved, and scurvy is the consequence ? It were easy to see a reason for this, if in all instances in which scurvy occurs, the quantity of nourishing food were, as in the Perth prison, too small ; but there is abundant evidence to disprove this. Thus Dr. Curran (*loc. cit.*) records a very bad case, in the person of a woman who had been fed on plenty of butcher meat, and bread and butter, tea and coffee, wine and porter. Dr. Ritchie saw one parallel to this ; and during the discussion on Dr. Christison's paper in the Edinburgh Medico-Chirurgical Society (*Edinburgh Journal of Medical Science*, June,) it was stated that the disease had occurred in a boy overfed with animal food, and in a lady whose diet was butcher's meat and milk. In these instances the food abounded in both varieties of the elements needful for nutrition, and yet it did not nourish well. How was this ?

To find what was yet required, let us revert to the history of the prevention and cure of scurvy by lemon juice. This substance contains but 2 per cent. of solid matter, of which 1.77 is citric acid.—(*Christison's Dispensatory, in loc.*) Four ounces daily will shortly cure a bad case of scurvy, and yet can contain no more than forty grains of solids—solids, too, which are not nitrogenous. This cannot possibly furnish pabulum to make the blood nutritious ; and yet it removes the malady. The lady whose case I have just cited was rapidly cured by oranges, her diet being otherwise unchanged ; in explanation of which I venture to suggest the following hypothesis :—

Food appropriate to man must consist of three parts—the nitrogenous, to nourish ; the non-nitrogenous, to produce the extra heat required ; and a third element, to aid in the assimilation of these. This element is furnished by the various, usually more or less acid, juices contained in vegetables and fruits. In favourable circumstances man may dispense with these, and live in tolerable health, but withal obnoxious to disease ; and if he be weakened, as by confinement, or depression, or previous disease ; or if the nourishment

in the food be moreover scanty, as it was in the case of the prisoners at Perth, scurvy comes on.

All the substances eminent as anti-scorbutics contain more or less acid; and it is proved that the more acid the fruit, as Dr. Trotter found of *gauvas*, the greater is its virtue.

I presume then that these juices and acids act, not by themselves supplying nourishment for the blood, but by in some way promoting the assimilation of the nutritive part of the food: and I would compare their efficacy in scurvy to that of iron in anæmia. The anæmic patient may be fed exceedingly, but he cannot assimilate the nutriment he digests without the aid of a metal which itself can be no *pabulum* to the blood. And so the scorbutic may eat enormously of flesh, which is blood, (Liebig,) yet cannot change it into *his own* blood without the aid of certain vegetable matter; an aid which seems essential, though how it is given no man can tell. Vinegar and nitre, and one or two substances besides, have been found to cure scurvy now and then, (by Henderson, &c.,) but they have failed at other times. They probably exert in the process of assimilation an agency more or less like that of citric acid, although not so uniform or powerful; and so I suppose that milk may, by means of the *lactic acid* produced while it is digested, and not by means of its casein, effect in some instances the cure of scurvy. If it did so in virtue of the casein it contained, cheese should have the same effect,—a thing I never heard of. And milk, like vinegar and nitre, seems to fail more often than it prospers; for Drs. Curran, Lonsdale, and Ritchie record cases of the disease as having happened in persons making free use of milk.

When the diet is nitrogenous enough, lemon juice will be more useful; but when, as in the Perth prison, it is not so, milk may be the best anti-scorbutic, because it will supply the essential food of the blood, as well as what I may call its condiment. That is, milk alone may in such a case be preferable to lemon juice alone; but, no doubt, "both are best."

Why is there sugar in milk? Not to form flesh of course. Not to produce caloric either; butter would serve that purpose well enough. The casein to nourish,—the oil to heat; is it not possible that the lactine may be intended to promote the assimilation of these by being first changed into lactic acid, (as all nurses know it is,) and by then supplying to the infant the want of that vegetable food which he does not receive, and could not digest; for the purpose, in short, of preventing scurvy? Dr. Andrew Buchanan well suggests that the *experimentum crasis* were to try whether *whey* would cure a man of scurvy.

And how do potatoes nourish men so well (*teste* Hibernia) that no other article of food will singly keep them in such health? Mr. Crum has shown (Philosophical Society of Glasgow) that four pounds of potatoes contain about as much albuminous matter as an egg:—the root then affords starch to heat, and nitrogen to nourish; but peas and beans, which do as much, will not serve as man's sole food. They are deficient in the third, the anti-scorbutic element, which Baly has



shown to be possessed by the potatoe ; hence its surpassing value,—it is *milk for men*.

May we not in some such way as this reconcile Dr. Christison's observations with common notions ? The analyses which I am about to quote prove that there is no necessary lack of fibrin in scorbutic blood ; nay, that even in severe cases that element may be unnaturally plentiful, and the corpuscles, moreover, not much diminished. The darkness of the colour of the clot, and its occasional jelly-like consistency, indicate no doubt a depraved condition of the blood : but the startling rapidity of the cure by lemon-juice appears to show that the error is in its vital structure, rather than in its chemical composition ; and is repaired by putting into their right places, as it were, nutritive molecules already present in the fluid, rather than by the more tedious process of absorbing and adopting new materials.

When scurvy, however, does break out, it soon brings on anæmia ; and then, of course, the corpuscles and the albumen are both progressively reduced in quantity, while the fibrin and salts remain unchanged. This will be seen in the last analysis which I shall quote, which yet must not lead us to confound the essential with the accidental.

But Dr. Curran, too, has a chemical theory of scurvy :—

“Dr. Christison, by overlooking *the salts* contained in food, has committed an error which totally destroys all the value of his reasonings. That vulgar experience, which leads the bird-fancier to supply his birds with lime, should not be lost upon those who have to direct the nutrition of the masses of the human species. Dr. Aldridge is, however, the only chemist who has made his knowledge practically available on this subject ; and from his excellent little work, I extract the following short, intelligible, general directions.” (*Loc. cit.* pp. 113-14.)

Dr. Aldridge's theory, it would appear, is, that it is the want of lime and saline matter in the food which causes scurvy. This were remarkable, if true,—because if so, how should pure citric acid cure the malady ; and why, in the celebrated historical case of the continental army, did dry herbs, containing of course all their salts, fail to alleviate the scurvy like the fresh plants. But we need not discuss this point ; for Dr. Aldridge's theory is not more correct than new. It is simply a *rechauffée* of that which, broached by Dr. Stevens fifteen years ago, was refuted by Dr. Kerr in the *Cyclopædia of Practical Medicine* (iii. 694.) But as it was possible that Dr. Aldridge might have analysed scorbutic blood before constructing his little work, I searched for his experiments, but in vain. Yet the materials may be found from which to form our judgment : in a paper by M. Fauvel, in the *Archives Générales* (Août 1847,) there are recorded some analyses of such blood by the experienced hands of MM. Becquerel and Rodier : and these I copy, as well as a portion of two imperfect ones from Dr. Ritchie's paper.

| B. and R.'s<br>Analysis<br>of<br>(See Simon's Animal<br>Chemistry, i. 233, 234.) | FEMALE<br>BLOOD,<br>HEALTHY. | Average of<br>two of Dr.<br>Ritchie's<br>cases. | Average of<br>two cases of<br>little<br>severity. | Average of<br>two cases of<br>much<br>severity. | A very<br>severe<br>case<br>indeed. |
|----------------------------------------------------------------------------------|------------------------------|-------------------------------------------------|---------------------------------------------------|-------------------------------------------------|-------------------------------------|
|                                                                                  |                              |                                                 |                                                   |                                                 |                                     |
| Corpuscles,                                                                      | Average.<br>127.             |                                                 | 116.                                              | 110.                                            | 79.                                 |
| Fibrin,                                                                          | 2.2                          |                                                 | 2.8                                               | 3.8                                             | 2.2                                 |
| Animal mat-<br>ter in serum,                                                     | 72.                          |                                                 | 65.                                               | 67.                                             | 56.                                 |
| Saline matter<br>in serum,                                                       | *6.8                         | *6.                                             | 6.4                                               | 6.5                                             | 7.8                                 |
|                                                                                  |                              |                                                 |                                                   |                                                 | (Anæmia<br>coming on.)              |

\*I have deducted 0.54 in this analysis for the iron, as not forming part of the saline matter of the serum.

Hence we perceive that in point of *fact* the worst scorbutic blood may contain rather *more* saline matter than the healthy fluid does. May I venture to add, that

Dr. Curran, by overlooking the salts contained in the *blood*, has committed an error which totally destroys all the value of his reasonings. That vulgar prudence which leads the reasoner to base his theories on facts, should not be lost upon those who wish to direct the opinions of the members of the medical profession. MM. Bacquerel and Rodier are, however, the only chemists who have acquired any available experimental knowledge on this subject; and from their excellent little production I have extracted the preceding short, very intelligible, and particular analysis.

That scurvy is a "blood disease" no man can doubt; and I suspect that British blood has, by the past year of dry feeding, been depraved more generally than may be thought. All the blood drawn by my directions, during the last three months, from patients of the Glasgow Eye Infirmary (who presented no external signs of scurvy,) has been of most unhealthy aspect: the clot large, soft and dark, like black currant jelly; and the buffy coat, when present, gelatinous and pale.

It also appears to me indubitable, that scorbutic blood may be found in many differently perverted states. My friend Dr. Ritchie (Edinburgh Monthly Journal, August, p. 83,) has met with some containing just half the usual quantity of fibrin; in other cases we have seen that substance, on the contrary, augmented. The scorbutic state may be complicated with various other conditions of the system, which will of course tend to produce changes on the vital fluid, just as pyrexial blood varies according to the local lesion present. The effect of treatment furnishes a proof of this; for while bleeding is usually most hurtful in scurvy, and mercury quite a poison, cases do occur in which each of these means is indeed remedial. (Dr. Bogie in Lonsdale, *loc. cit.* p. 102.)

It is reasonable also to conclude, that when anæmia has come on, the treatment peculiarly suited to that state may with advantage be combined with that for scurvy; so that while the simple examples of



the disease may, as I have seen in patients of my own, be cured by pure citric or tartaric acid, the anæmic forms, in which the lips and the exuding blood are pale, will, as in a lady about whom I was consulted, be, by the use of iron, hurried on more rapidly to health.—*Monthly Journal of Medical Science.*

*Case of Utero-Vesical Fistula—Novel Means of Relief.*—Mr. Isaac Harrinson brought before the Reading Pathological Society the case of a woman, aged 41 years, who, thirteen days after a protracted labour, (which had to be completed by instrumental aid,) begun to suffer from a flow of urine from the vagina, not a drop passing through its natural outlet. This state had continued, to the patient's great torment, for five years previous to her coming under Mr. Harrinson's care. After repeated examinations with the speculum, the only exact information the author could obtain was, that the urine issued from the os uteri; how it came there he was unable to determine, and had almost given it up in despair, when, exploring with a small catheter in the bladder, with the concavity downwards and a finger in the os uteri, the catheter and the finger came in contact. The problem was now solved; there was a communication between the fundus of the bladder and the cervix uteri, about three-quarters of an inch within the cervix, just at its internal orifice, and as large as to admit readily a No. 6 male catheter. After making one of these examinations, a circumstance occurred which confirmed the author in a plan he had devised for the relief of the disease. For the first time for five years she remained dry for two hours; no dribbling took place, and she then passed water in a stream. This arose, he imagines, from the tumefaction of the edges of the fistula producing temporary closure of its orifice. In July, 1841, he acted upon his plan, by proceeding to operate in the following manner:—A Brodie's catheter, armed with a long piece of twine, was introduced into the bladder, concavity downwards: and being guided by a finger within the os uteri, he readily found the rupture, passed the instrument through the vagina, seized the thread, and then withdrew the catheter, thus leaving one end of the thread hanging from the urethra, and the other from the vagina. To the urethral extremity he tied a skein of six threads of glover's silk, oiled them, and drawing at the vaginal extremity, dragged the silk through the fistula, and then tied the urethral and vaginal ends together. The result was most gratifying. From the time of their introduction to the withdrawal of the last thread, no dribbling took place, except when the patient was using some extraordinary bodily exertion; and under these circumstances it did sometimes occur. On the 4th day after the operation, irritation beginning to be produced, the first thread was withdrawn; on the 5th the second; on the 6th the third; on the 10th the fourth; and on the 17th the fifth, leaving only one remaining;—so that in seventeen days the operation may be said to have been completed. During this time considerable irritability of the bladder existed, with great impatience of its contents, so that they were obliged to be evacuated every hour. This symptom, however, gradually subsided

simply with fomentations, and without the aid of any medicines. At each recurring menstrual period the urine was, and now is, voided highly charged with the catamenial fluid. During the three subsequent months Mr. Harrinson changed the size of the thread three times, so that at last it was reduced to as small a one as could be procured compatible with any strength and durability. In October the narrator withdrew the last thread. Unfortunately he was disappointed: in twenty-five days the dribbling was as bad as ever. Mr. Harrinson was glad enough, therefore, to retreat to his former position, by introducing now four large threads. In twenty-eight days they were reduced to one, and the patient was herself again. Mr. Harrinson has purposely delayed the publication of the case, in order to test the sufficiency of the means employed. He is pleased to add (May, 1845,) that she remains in the same comfortable state. She changes the thread herself once in three or four weeks, goes about, performs her domestic duties, &c., with no inconvenience. Not a drop of urine has escaped for the last three years. The only precaution necessary is, that the thread be drawn down once a day, to cleanse it from the sabulous matter which is deposited upon it.—*Abridged from the Provincial Med. and Surg. Journal.*

*Progress of Quackery—Hahnemann and Holloway.*—The following affords additional insight into the *modus operandi* of the medical cheats called homœopaths, while a contrast is presented by the effects of a rival practice. We always knew, and proclaimed it, that these advocates of a non-medical treatment administer most active remedies when the necessity for them arises:—

*Practices of Homœopathists.*

“SIR,—The account of the substitution of active substances, in anything but infinitesimal doses, for homœopathic globules, &c., as given in the last number but one in the *Gazette*, will not surprise many of those who have been accustomed to investigate closely the practice. I have also adduced analogous instances in the last edition of my work, especially the case of the Duke di Cannizaro, formerly well known in London as Count St. Antonio, who at Milan, being treated homœopathically for some slight ailment, had to take three globules, at intervals of some hours. Having accidentally omitted the morning globule, he said to his valet, when the time for taking the second arrived, that when he ought to take the third dose he would be at the opera, and that being homœopathic globules, it would do no harm to take the three at once, which he accordingly did, and was dead within two hours;—the preparation being one of *nux vomica*.—Your obedient servant,

EDWIN LEE.”

*“Case of Death by Holloway’s Pills.”*

“Mr. Grimwood of Walton, narrates the case of a man, aged 25, long labouring under scrofulous disease of the femur and tibia, by whom he was consulted, on the 25th of June last, for symptoms indicative of inflammation of the intestinal mucous membrane. It appears



that the poor man, while in his ordinary state of health, was advised, with the hope of being cured of his old-standing complaint, to try Holloway's pills, beginning with five night and morning, gradually increasing the dose to ten, and then recurring to five. These instructions he punctually obeyed, with the effect of producing hypercatharsis, which he endured for about a week, in the belief that unless such an effect were caused, he could not obtain any benefit. This continued, and symptoms of greater severity setting in, Mr. Grimwood's assistance was sought, about ten days or a fortnight after the man commenced taking the pills. He then presented evident symptoms of peritonitis and enteritis in an advanced stage, attended with great exhaustion, from the effects of which he soon sank. A post-mortem examination does not appear to have been made."—*Dublin Medical Press*.

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*Pathology of Synchisis.*—The Comptes Rendus contain an abstract of an interesting paper read before the Academy of Sciences, at the séance of July 19th, by M. Bouisson, on that affection of the vitreous body known as synchisis.

It has long been desired to make out the real nature of this abnormal condition, and various hypotheses have been brought forward.

M. Bouisson had entertained the idea that the moveable and sparkling particles observed deep-seated in the eye, in persons affected with this malady, were not caused by loose floating particles of the hyaloid membrane, but constituted of free crystalline morsels in the thickness of the vitreous body, the membrane of which was destroyed.

Upon devoting himself to some researches on the composition of the vitreous humour, he recognised the existence of a fatty matter, in such a state of minute division that the transparency of the humour was not affected by it. After having filtered the vitreous humour of the eye of an ox, he evaporated it in a porcelain capsule, and treated the residue with sulphuric ether. The resulting matter was then collected in a watch-glass, perfectly clean, and evaporated. During the process of evaporation, the ether deposited a fatty matter in a crystalline form. The same experiment upon a larger quantity of vitreous humour, obtained from several oxen's eyes, gave the same result, but more clearly. M. Bouisson has also obtained this fatty matter, by treating the vitreous humour of the human eye in the same manner.

If these results be taken in connexion with the observations which demonstrate that crystals of cholesterine have been found in the posterior chamber of eyes which have for a long time been struck with blindness, one will naturally be led to believe, that in the normal condition a certain quantity of fatty matter is contained in the vitreous humour, which may be separated in a crystalline form by some peculiar pathological influence, and may acquire, in this form, that apparent mobility at the bottom of the eye which arrests our attention.

From these facts and considerations the nature of synchisis may

be determined, for we have grounds to believe that this singular malady is due to the accidental deposition of the fatty matter of the vitreous humour in a crystalline form.

Synchysis, or synchysis, is described as a dissolved state of the vitreous body, in which the hyaloid membrane is either atrophied or destroyed; hence it is that the vitreous humour appears diffuent in form, and wanting in its natural consistence. Although this condition may result from inflammatory action, still it is more frequently met with in the eyes of the aged, as a natural decay or degeneration, and often in company with cataract—another instance of the failure of vital energy. Now, if the above observations of M. Buisson be confirmed, synchysis will afford another instance of that very general abnormal condition—fatty degeneration of the tissues—which has lately been so much studied and illustrated.

Synchysis, as a disease of old age, will be brought to coincide with other lesions of the aged, also marked by the abnormal production of fat, from perverted nutrition—as, for instance, the degeneration and subsequent calcification of the arterial coats. And at the same time, synchysis, considered as a result of inflammation, will agree, as to its pathological characters, with the consequences of inflammatory action in other organs, and in that self same circumstance—viz., the unnatural development of fatty matter. In old age, we should ascribe the appearance of the crystals of fat in the vitreous humour, in an abnormal condition, to impaired nutrition, and consequent degeneration with atrophy; and, again, we should especially anticipate the occurrence of atrophy when the synchysis is accompanied by cataract, whereby the function of the vitreous body is destroyed.—*London Lancet.*

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*Variations in the Quantity of Fatty Matter in the Human Lungs.—Relation to Jurisprudence.*—The following extract, taken from the Comptes Rendus of the 12th of July, from a paper read by M. Guillot before the Academy of Sciences, has some relation in subject to that given above, inasmuch as it shows the accumulation of fat in the lungs whenever their function is impaired.

M. Guillot first states the plan he has pursued in the examination and analysis of the lungs, on which his essay is based. He has first weighed the lungs in their moist state, the right and left, and whether healthy or diseased.

He has next separated the diseased from the healthy portions, and ascertained their respective weights. They have then been dried, in vacuo, at a temperature of 140°, and afterwards powdered, and then again dried. The powdered matter has next been treated with rectified ether, so as to remove all fatty matters. M. Guillot then informs us, that from his analysis he has found the amount of fatty matter contained in the pulmonary tissue to be more considerable in the fœtus before than after birth; that it diminishes from the moment the infant commences to breathe,

At the close of intra-uterine life, before the respiratory function is



set up by birth, the proportion of fatty matter to the dried tissue of the lungs is from ten, twelve, fifteen, or eighteen to one hundred. But as soon as the air has entered the lungs, this proportion decreases to six parts to the hundred.

In all the affections of the chest, the consequence of which is to arrest permanently or transiently the respiratory act, in a greater or less extent, according to the extent of the lesion, the proportion of fatty matter increases in those parts rendered impermeable to the air. Under such circumstances, the rise in the quantity of such matters may be from fifteen to twenty, or thirty or forty, or even fifty parts to one hundred; whereas, in healthy portions of the same lungs, the proportion very rarely exceeds that of ten parts to the hundred. This fact hold good from the period of birth until advanced old age, in all cases where the lungs are obstructed by disease, or labour under phthisis. These organs, therefore, appear to undergo a fatty degeneration, which seems to be in relation with the absence of the contact of the air with the diseased parts.

The examination of lungs which are yet penetrated by air, notwithstanding extensive lesions, further supports this notion; for in such particular circumstances, the quantity of fatty matters extracted by means of ether is never equal to that afforded by portions of lungs in which air has ceased to enter during life.

According to the tables which the author has furnished, the greatest increase in the proportion of fat in the lungs takes place in phthisis, in which he has collected forty and even fifty-two parts in one hundred of desiccated pulmonary tissue. Here we may consider the fat to be derived both from the destruction of function of the lung, and also from the tubercular matter itself, which has long been observed to be mingled with much fat, so that it even seems but as a modification of that general pathological condition known as fatty degeneration.

Comparing lungs affected with pneumonia;—in those which are quite impermeable to air, the proportion of fat rises to fourteen, sixteen, and twenty-four parts in one hundred; whereas in those which are yet permeable, its proportion is as six to one hundred, in two out of three cases; in the third, as eleven to one hundred.

M. Guillot observes, these variations in the quantity of fat in the lungs, according as the process of respiration is free or interfered with,—rising in the latter case,—are interesting to physiologists, and seem to indicate that a part of the fatty matter entering the blood becomes consumed in its passage through the lungs by the act of respiration. In cases of pneumonia and phthisis, where the lungs become impermeable to air, this fat begins to accumulate until its quantity equals, and even surpasses, that observed in the liver, in which the quantity of fat is so appreciable and considerable.

From experiments I am now making, (says M. Guillot,) I am led to believe that the section of the pneumogastric nerves, and asphyxia, produce in animals phenomena analogous to those above pointed out.

Before quitting this matter, we would call our reader's attention to one point in the preceding paper which seems to us to have an important bearing on a much disputed point of medical jurisprudence—viz., *the distinction between respiration and inflation*, or insufflation, in the lungs, in cases of suspected infanticide. To determine this distinction is a great desideratum. Now, supposing the analyses of M. Guillot to be correct, can we not make use of them for the above-mentioned purpose? He tells us, that as soon as the child has breathed, the quantity of fat in 100 parts of desiccated lungs diminishes but one-half at least, supposing the child to have arrived at the eighth or the ninth month of intra-uterine life. Thus, instead of the proportion of fatty matter being twelve, fifteen, or eighteen parts in 100, it is, by respiration, reduced to six parts. Now the question is, whether inflation will bring about this decrease of fatty matter as well as respiration. We should, *à priori*, think not; for this reduction of quantity is dependent on a vital action, and on certain chemical changes taking place in the blood under the influence of life. We can conceive how the pulmonary capillaries of the air-cells may become filled with blood by insufflation in a dead child, so as to resemble air-cells duly developed by respiration, but cannot understand how such a chemico-physiological change, as is the alteration of the proportion of fat in the lungs, can take place in such a manner, and after the extinction of life.

Be this as it may, the researches of M. Guillot are highly valuable in other respects, and are deserving of consideration and of repetition in this country; and if any relation or utility is perceived in them to forensic medicine, we shall have the merit of having directed the attention of the profession to them, and there will no doubt soon be inquirers in the same field to test the above researches in all their points of application.—*Ibid.*

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*Operating for Cataract under the Influence of Mercury.*—M. Tavignot addressed a note to the Academy, stating that he looked upon mercurial salivation as a means of preventing many of the evils of inflammation after the operation for cataract. He seems to have imbibed this notion from the general observation of the influence of mercury in acute inflammation of the iris and cornea, and from considering that such a condition of those parts of the eye is what is to be feared after operating. He has put this idea to the test, having operated on three patients, who were just beginning to be affected by mercury, and in whom, too, there were some complications. He effected a perfect cure in from three to five weeks, having had no ills resulting from inflammation. The mercury is continued two or three days after operating, combined with extract of opium, so that the salivation induced may be most severe, just at the time when the ordinary precursors of iritis, or of corneitis, make their appearance—that is, about the third or sixth day after the operation.—*Ibid.*



## SESSION 1847-8.

|                          |                                                              |
|--------------------------|--------------------------------------------------------------|
| ROBLEY DUNGLISON, M. D., | Professor of Institutes of Medicine, &c.                     |
| ROBERT M. HUSTON, M. D., | Prof. of Materia Medica and Gen. Therapeutics.               |
| JOSEPH PANCOAST, M. D.,  | Prof. of Gen., Descriptive and Surg. Anatomy.                |
| JOHN K. MITCHELL, M. D., | Prof. of Practice of Medicine.                               |
| THOMAS D. MÜTTER, M. D., | Prof. of Institutes and Practice of Surgery.                 |
| CHARLES D. MEIGS, M. D., | { Prof. of Obstetrics and Diseases of Women and<br>Children. |
| FRANKLIN BACHE, M. D.,   | Prof. of Chemistry.                                          |
| ELLERSLIE WALLACE, M. D. | Demonstrator of Anatomy.                                     |

The number of Students during the last Session was 493; and of graduates 181.

R. M. HUSTON, M. D.,  
Dean of the Faculty, No. 1 Girard Street.

MEDICAL DEPARTMENT.

|                           |                                                       |
|---------------------------|-------------------------------------------------------|
| BENJ. W. DUDLEY, M. D.,   | Prof. of the Principles and Practice of Surgery,      |
| THOS. D. MITCHELL, M. D., | “ Materia Medica and Therapeutics.                    |
| ROBERT PETER, M. D.,      | “ Chemistry and Pharmacy.                             |
| JAMES M. BUSH, M. D.,     | “ Special and Surgical Anatomy.                       |
| L. M. LAWSON, M. D.,      | “ General and Pathological Anatomy<br>and Physiology. |
| SAMUEL ANNAN, M. D.,      | “ Obstetrics and Diseases of Women<br>and Children.   |
| ELISHA BARTLETT, M. D.,   | “ Theory and Practice of Medicine.                    |
| E. L. DUDLEY, M. D.,      | Demonstrator of Anatomy.                              |

ROBERT PETER, M. D.,  
*Dean of the Faculty.*

Lexington, Ky., July 1, 1847.

**PENNSYLVANIA MEDICAL COLLEGE.**

FILBERT STREET, ABOVE ELEVENTH, PHILADELPHIA.

The Course of Instruction for the Session of 1847-48 will commence on Monday, the 1st of November, and be continued until the ensuing first of March. The Faculty is constituted as follows:—

WILLIAM DARRACH, M. D., Prof. of the Principles and Practice of Medicine.  
 JOHN WILTBANK, M. D., { Prof. of Obstetrics and Diseases of Women and Children.  
 HENRY S. PATTERSON, M. D., Prof. of Materia Medica and Therapeutics.  
 WILLIAM R. GRANT, M. D., Prof. of Anatomy and Physiology.  
 DAVID GILBERT, M. D., Prof. of the Principles and Practice of Surgery.  
 WASHINGTON L. ATLEE, M. D. Prof. of Medical Chemistry.

The Anatomical Rooms will be opened on the 1st of October, under the direction of Professor GRANT, assisted by A. F. MCINTYRE, M. D., Demonstrator of Anatomy,

Pupils, in attendance upon their second Course of Lectures, will be furnished with tickets to the Clinical instructions of the Pennsylvania Hospital, Pine street.

FEES.—Matriculation, \$5; for each Ticket, \$15; Graduation, \$30.

HENRY S. PATTERSON, M. D., *Registrar*,  
 August, 1847.—4t. No. 94 Arch street.

**FRANKLIN MEDICAL COLLEGE---PHILADELPHIA.**

THE regular Course of Lectures will commence on Monday, 1st November.

**PROFESSORS.**

PAUL BECK GODDARD, M. D., Anatomy and Histology.  
 C. C. VAN WYCK, M. D., Principles and Practice of Surgery.  
 DAVID HUNTER TUCKER, M. D., Principles and Practice of Medicine.  
 JOHN BARCLAY BIDDLE, M. D., Therapeutics and Materia Medica.  
 WM. BYRD PAGE, M. D., Obstetrics and Diseases of Women and Children.  
 LEVIN S. JOYNES, M. D., Physiology and Legal Medicine.  
 JAMES B. RODGERS, M. D. General and Organic Chemistry.

J. B. BIDDLE, M. D., Dean of the Faculty.  
 ROBERT P. THOMAS, M. D., Demonstrator of Anatomy.

FEES.—For each of the seven Tickets, \$15; Matriculation fee, to be paid once only, \$5; Diploma fee, \$10.

Clinical Lectures are delivered and patients prescribed for at the College Dispensary every Wednesday and Saturday. Obstetrical cases are committed to the care of second course Students. The Clinical Lectures at the College, which are gratuitous to all matriculants, are so arranged as not to interfere with attendance on the Lectures and Practice at the Pennsylvania Hospital, which is within three squares of the College. The Dissecting Rooms, which are the most commodious, best lighted, and best ventilated in Philadelphia, will be open from the first of October.

August, 1847.—2t.



# COLLEGE OF PHYSICIANS AND SURGEONS

OF THE

UNIVERSITY OF THE STATE OF NEW YORK.

The forty-first Session of the College will be commenced on Monday, 18th October, 1847, and continued until the second Thursday in March, 1848.

Alexander H. Stevens, M. D., President of the College and Emeritus Professor of Clinical Surgery.

Joseph M. Smith, M. D., Professor of the Theory and Practice of Medicine and Clinical Medicine.

John B. Beck, M. D., Professor of Materia Medica and Medical Jurisprudence.

John Torrey, M. D., L. L. D., Professor of Chemistry and Botany.

Robert Watts, Jr., M. D., Professor of Anatomy.

Willard Parker, M. D., Professor of the Principles and Practice of Surgery.

Chandler R. Gilman, M. D., Professor of Obstetrics and the Diseases of Women and Children.

Alonzo Clarke, M. D., Lecturer on Physiology and Pathology, (including Microscopy.)

Gustavus A. Sabine, M. D., Demonstrator of Anatomy.

*Fees.*—Matriculation fee \$5. Fees for the full course of Lectures \$108. Demonstrator's Ticket \$5. Graduation fee \$25. Board, average, \$3 per week. Clinical Instruction is given daily at the New York Hospital, by the Medical Officers, (Professor Smith being one of them,) fee \$8 per annum; at the Eye Infirmary, without fee; and about 1000 patients are annually exhibited to the Class in the College Clinique. Obstetrical cases and subjects for dissection are abundantly furnished through the respective departments. The annual commencement is held on the second Thursday in March; there is also a semi-annual examination in September. The requisites for graduation are, 21 years of age, three years of study, including two full courses of Lectures, the last of which must have been attended in this College, and the presentation of a Thesis, on some subject connected with Medical Science.

In addition to the regular Course, and not interfering with it, a Course of Lectures will be commenced on Monday, 27th September, and continued until 18th October, viz. —

|                                  |   |   |   |   |   |   |                |
|----------------------------------|---|---|---|---|---|---|----------------|
| Hygiene,                         | - | - | - | - | - | - | by Dr. Smith.  |
| Medical Botany,                  | - | - | - | - | - | - | by Dr. Torrey. |
| Hernia,                          | - | - | - | - | - | - | by Dr. Watts.  |
| Treatment of Infantile Diseases, | - | - | - | - | - | - | by Dr. Gilman. |
| Physiology of the Blood,         | - | - | - | - | - | - | by Dr. Clark.  |

This course will be *free* to the *Matriculated* students of the College.

College of Physicians and Surgeons, } R. WATTS, JR., M. D.,  
No. 67 Crosby street, New York. } Sec. to the Faculty.

August, 1847.—4t

## SURGICAL INSTRUMENTS, ELASTIC TRUSSES,

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WIEGAND & SNOWDEN, No. 15 North Fifth street,

Piladelphia, January 13th, 1844

N. B. Sole Manufacturers of Chases' Trusses.

## BALTIMORE COLLEGE OF DENTAL SURGERY.

### SESSION 1847-S.

The Annual Lectures in this Institution, commence the first Monday in November, and end the latter part of February.

CHAPIN A. HARRIS, A. M., M. D., Professor of the Principles and Practice of Dental Surgery.

THOMAS E. BOND, Jr., A. M., M. D., Prof. of Special Pathology & Therapeutics.

W. R. HANDY, M. D., - - - Prof. of Anatomy and Physiology.

AMOS WESTCOTT, A. M., M. D., Prof. of Operative and Mech. Dentistry.

CYRENEUS V. CONE, D. D. S., Demonstrator of Mechanical Dentistry.

The College is furnished with every facility for a thorough *practical*, as well as theoretical education; and each student is required to devote from four to six hours of every day in the Mechanical and Surgical Departments.

Sept. 1847—2t.

W. R. HANDY, *Dean*.

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## PHILADELPHIA COLLEGE OF MEDICINE.

The second Course of Lectures in this Institution will be commenced on Monday, November 1, 1847, and be continued until the end of February, 1848, by the following faculty.

JAMES M'CLINTOCK, M. D., General, Special and Surgical Anatomy.

J. R. BURDEN, M. D., Materia Medica and Therapeutics.

D. PEREIRA GARDNER, M. D., Chemistry and Medical Jurisprudence.

HENRY GIBBONS, M. D., Institutes and Practice of Medicine.

JAMES M'CLINTOCK, M. D., Principles and Practice of Surgery, for this session.

LOUIS H. BEATTY, M. D., Obstetrics and Diseases of Women and Children.

S. R. M'CLINTOCK, M. D., Demonstrator of Anatomy.

D. J. MCKIBBIN, M. D., Prosecutor of Surgery.

Fees for the full Course \$75, or \$12.50 for each ticket. Fee for those who have attended two full courses in other colleges \$40. Matriculation, to be paid once only, \$5. Graduation \$20. Practical Anatomy, including Recapitulatory Lectures, \$10. The Dissecting rooms will be opened on the first of October. The Professor of Chemistry will give a preliminary course in October. During the same month the Professor of Anatomy and Surgery will lecture every day in October on Surgical Anatomy and Operative Surgery.

For further information inquire of

JAMES M'CLINTOCK, *Dean*.

Philadelphia, Aug. 25, 1847.

1 N. Eleventh st.

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## TO MEDICAL PROFESSORS.

The Subscribers offer for sale a very complete Cabinet of the officinal articles of the United States Pharmacopœia. It consists of nearly *four hundred* specimens carefully selected and neatly put up, and has been for a short time used for illustrating a course of lectures on Materia Medica. It is admirably adapted for the instruction of a class not unusually large, and will be sold much below the original cost.

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9th mo. 1st, 1847.